Texas Department of Public Safety
HANDGUN LICENSING
Regulatory Services Division
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## CERTIFICATION OF LICENSE TO CARRY A HANDGUN CLASS COMPLETION

| LAST NAME, FIRST NAME | DL or ID Number | State | Classroom |  | Proficiency |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  | Pass | Fail | Pass |

I verify the information provided is true and correct. I also understand this is an official government record and any missing information and/or false statement made on this document may result in criminal prosecution.

