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CERTIFICATION OF LICENSE TO CARRY A HANDGUN ONLINE CLASS COMPLETION

LAST NAME, FIRST NAME	DL or ID Number	State	Online	
			Pass	Fail
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.				
Online Course Provider Name (printed) Instructor	Online Course Provid	ler Signature	Comp	letion Date

Privacy Policy: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

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