



Louisiana Department of Public Safety and Corrections
Office of State Police
Concealed Handgun Permit Unit

Instructor Information Form

NAME:					DATE:			
LSP Instructor Number: (For LSP use only)								
Physical Address:								
Mailing Address:								
CITY:				STATE:			ZIP CODE:	
Daytime Phone / Applicant Phone: (For LSP use only) (For applicant use)								
Email Address: (For LSP and applicant use)								
Region in which courses are to be taught (select only one):								
<input type="checkbox"/>	Alexandria	<input type="checkbox"/>	Lafayette	<input type="checkbox"/>	New Orleans			
<input type="checkbox"/>	Baton Rouge	<input type="checkbox"/>	Lake Charles	<input type="checkbox"/>	Slidell			
<input type="checkbox"/>	Houma	<input type="checkbox"/>	Monroe	<input type="checkbox"/>	Shreveport			
CREDENTIAL TYPE:	<input type="checkbox"/> POST			EXPIRATION				
CREDENTIAL TYPE:	<input type="checkbox"/> NRA ID#			EXPIRATION				

RETURN INSTRUCTOR INFORMATION FORM, SYLLABUS, AND CREDENTIALS TO:

LOUISIANA STATE POLICE
CONCEALED HANDGUN PERMIT UNIT
PO BOX 66375 BATON ROUGE, LA 70896
(225) 925-4867

LSP.ConcealedHandgun@la.gov

www.lsp.org/handguns

INITIAL BELOW:

_____ You agree to hold instruction as prescribed above in accordance to L.R.S 40:1379.3 (D)(1) and L.A.C. 55:I:1311 et seq.

_____ By submission of your application to be a concealed handgun permit instructor you authorize the release of your contact number and/or e-mail address to concealed handgun applicants.

_____ You have read, understand, and agree to comply with the statutes contained in L.R.S. 40:1379.3, and the corresponding administrative regulations contained in LAC 55:I:1311 et seq. I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of my LSP instructor certification, and that the making of any false statement or response in this application, and /or on an application for a concealed handgun permit on behalf of any current resident of this state, is a violation of L.R.S. 14:133, Filing False Public Records, a criminal offense punishable by imprisonment for not more than five (5) years with or without hard labor or a fine not to exceed five thousand dollars, or both.

_____ You understand pursuant to L.R.S. 40:1379.3, by submission of this application, you agree to indemnify and hold harmless the state of Louisiana, the Department of Public Safety and Corrections, the Secretary and the Deputy Secretary of the Louisiana Department of Public Safety and Corrections, and any of its agents or employees, and any peace officer within this state, from and against any and all liability, claims, actions, fines or losses of any kind or nature, including costs and attorney's fees, in any way arising out of, connected with or related to the issuance or use of any Louisiana Concealed Handgun Permit or LSP Instructor Certification.

Signature

Date