



**Louisiana Department of Public Safety and Corrections
Office of State Police**

***Concealed Handgun Permit Section
Instructor Information Form***

(*REQUIRED INFORMATION)

*Name:					
LSP Instructor Number: (to be assigned by LSP staff)					
*Physical Address:					
*Mailing Address:					
*City:		*State:		*Zip Code:	
*Day Time Contact Number: (For LSP Use Only - will not be posted)					
*Applicant Contact Number & Email Address: (This information will be provided to the public)					
*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"/> P.O.S.T.		EXPIRATION:		
CREDENTIAL TYPE:	<input type="checkbox"/> N.R.A.		EXPIRATION:		

RETURN INSTRUCTOR INFORMATION FORM TO:

LOUISIANA STATE POLICE
CONCEALED HANDGUN PERMIT SECTION
PO BOX 66375
BATON ROUGE, LA 70896

OR

FAX TO (225) 922 - 0225