



**FOLLOW THE CHECKLIST BELOW FOR YOUR APPROPRIATE CATEGORY BEFORE
SUBMITTING YOUR APPLICATION TO THE DEPARTMENT**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Documents needed for **Civilian**

(New/ Initial Application)

- 2-Page Application
- Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- Authorization for Release of Information complete with NOTARY
- Copy of valid New Mexico Driver's License or Identification Card
- Copy of Birth Certificate or other required legal documents (not required if NMDL is a Real ID)
- Training Certificate w/ DPS-Approved Instructor
- IDEMIA (IdentoGO) Fingerprint Receipt (ORI NM920200Z \$59)
- \$100 fee made payable to **NMDPS CCU**

(Renewal Application)

- 2-Page Application
- Copy of valid New Mexico Driver's License or Identification Card
- Training Certificate w/ DPS-Approved Instructor
- \$75 fee made payable to **NMDPS CCU**

Documents needed for **Active Military**

(New/ Initial Application)

- 2-Page Application
- Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- Authorization for Release of Information complete with NOTARY
- Photocopy of valid Driver's License or Identification Card
- One (1) passport photo if your Driver's License is not issued in New Mexico
- Copy of Birth Certificate or other required legal documents (not required if NMDL is a Real ID)
- Copy of Military ID and PCS (Permanent Change of Station) Orders
- IDEMIA (IdentoGO) Fingerprint Receipt (ORI NM920272Z \$23.00)

(Renewal Application)

- 2-Page Application
- Photocopy of valid Driver's License or Identification Card
- Copy of Military ID or PCS (Permanent Change of Station) Orders

Documents needed for **Retired Military/ Military Veteran**

(New/ Initial Application)

- 2-Page Application
- Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- Authorization for Release of Information complete with NOTARY
- Copy of valid Driver's License or Identification Card
- Copy of Birth Certificate or other required legal documents (not required if NMDL is a Real ID)
- DD-214 with character of discharge (must have Honorable Discharge)
Other acceptable forms: Letter from the VA stating honorable discharge or retirement card
- Training Certificate w/ DPS-Approved Instructor *if outside of 20 years of separation
- IDEMIA (IdentoGO) Fingerprint Receipt (ORI NM920272Z \$23.00)

(Renewal Application)

- 2-Page Application
- Copy of valid Driver's License or Identification Card
- DD-214 with character of discharge (must have Honorable Discharge)
- Training Certificate w/ DPS-Approved Instructor *if outside of 20 years of separation

Documents needed for **Active Law Enforcement Officer**

(New/ Initial Application)

- 2-Page Application
- Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- Authorization for Release of Information complete with NOTARY
- Photocopy of valid Driver's License or Identification Card (not required if NMDL is a Real ID)
- Photocopy of Birth Certificate or other required legal documents
- Agency ID
- Certification Number
- Letter of Good Standing
- Copy of last qualification
- IDEMIA (IdentoGO) Fingerprint Receipt (ORI NM920272Z \$23.00)

(Renewal Application)

- 2-Page Application
- Photocopy of valid Driver's License or Identification Card
- Agency ID
- Certification Number
- Letter of Good Standing
- Copy of last qualification

Documents needed for **Retired Law Enforcement Officer**

(New/ Initial Application) (must have completed a minimum of 15 years as LEO or retired due to job related disability)

- 2-Page Application
- Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- Authorization for Release of Information complete with NOTARY
- Copy of valid Driver's License or Identification Card (not required if NMDL is a Real ID)
- Copy of Birth Certificate or other required legal documents
- Letter of Good Standing with Agency ID and Certification Number
- Copy of last qualification or Training Certificate w/ DPS-Approved Instructor *if outside of 10 years of retirement
- IDEMIA (IdentoGO) Fingerprint Receipt (ORI NM920272Z \$23.00)

(Renewal Application) (must have completed a minimum of 15 years as LEO or retired due to job related disability)

- 2-Page Application
- Copy of valid Driver's License or Identification Card
- Agency ID
- Certification Number
- Letter of Good Standing
- Copy of last qualification or Training Certificate w/ DPS-Approved Instructor *if outside of 10 years of retirement

Documents needed for **Instructor**

- 2-Page Application
- Authorization to Obtain Health Information complete with WITNESS SIGNATURE (anyone over the age of 18)
- Authorization for Release of Information complete with NOTARY
- Copy of valid New Mexico Driver's License or Identification Card (not required if NMDL is a Real ID)
- Copy of Birth Certificate or other required legal documents
- IDEMIA (IdentoGO) Fingerprint Receipt (ORI NM920200Z \$59 civilian; NM920272Z \$23.00 Military/LEO)
- Current Instructor Liability Insurance
- Current Instructor Credentials (NRA, USCCA, DPS LEA, etc...)
- Resume of firearms instructing experience
- Curriculum and all course materials - Must include:

Fee Schedule NMAC 10.8.2.24(A)(6)

- Fees
- Incidental Costs
- Charges for Course
- Policies for passing and failing
- Refund policy
- Reschedule policy
- Attendance requirements

Application Qualification and Process

- Cost
- Forms needed
- Fingerprinting
- Qualifications and Disqualifiers
- Appeals
- 2year refresher
- Renewal timelines

[NMSA 1978 29-19-7 § (2003)]

- Safe handling of single- and double-action revolvers and semi-automatic handguns
- Safe storage of handguns and child safety;
- Safe handgun shooting fundamentals;
- Identification of ways to develop and maintain handgun shooting skills;
- Federal, state and local criminal and civil laws pertaining to the purchase, ownership, transportation, use and possession of handguns;
- Techniques for avoiding a criminal attack and how to control a violent confrontation;
- Techniques for non-violent dispute resolution

Terms and conditions of License NMAC 10.8.2.16

Explanations of hands on demonstrations, if any.

Reciprocity NMAC 10.8.2.29

Application Instructions

For a complete outline of eligibility requirements, refer to the New Mexico Concealed Handgun Carry Act of 2003 (as amended in 2005, 2010, 2015, and 2016) Section 29-1-1 through 14, NMSA 1978 and NMAC 10.8.2 included in this packet. Personal check, cashier's check, or money order should be made payable to New Mexico Department of Public Safety (NMDPS CCU). Credit/Debit cards are also accepted in person at our office in Albuquerque.

Applications may be mailed to:
NMDPS Concealed Carry Unit
6301 Indian School Rd NE Suite 310
Albuquerque, NM 87110

Incomplete applications **will not** be processed.
Be sure to sign and date all appropriate locations
and provide a witness and notary signature where required.

Your fee will be deposited, and you must meet the guidelines set forth in NMAC 10.8.2.11(C)
Fees are non-refundable NMSA 29-19-5(B)(2)

Fingerprinting Procedures for Concealed Carry License

- Register at <https://nm.state.identogo.com>
- Select "schedule a new appointment"
- Enter corresponding ORI information:
 NM920200Z for civilian \$59.00
 NM920272Z for military or law enforcement \$23.00
- Privacy act statement
- Enter zip code
- Select preferred available time
- Enter applicant information
- Review info and continue to pay screen
- Print or record receipt for use at scheduled appointment
- Fingerprint location will provide a TCN Number after you are fingerprinted

If the fingerprints are not accepted by the FBI for comparison purposes, processing of your applications may be significantly delayed, and you may be required to submit another set. You may request to have original documents returned to you by submitting this request along with a self-addressed, stamped envelope.

Additional information and updates pertaining to NM Concealed Carry are available on the NMDPS website: <http://www.dps.nm.gov>.

Check this website periodically for new and updated forms and information on recognition and reciprocity.

New Mexico Department of Public Safety

CONCEALED HANDGUN LICENSE / CONCEALED CARRY HANDGUN INSTRUCTOR APPROVAL APPLICATION

Read “**APPLICATION INSTRUCTIONS**” prior to completing this application.

TYPE or PRINT LEGIBLY IN INK.

Your application **WILL NOT** be processed unless/until all applicable questions have been answered on page 2 and all required documents have been submitted.

Be sure to include: IDEMIA fingerprint receipt, authorization to obtain health information form, authorization for release of information form, a current certificate of firearms training, a photocopy of your New Mexico Driver’s License or Identification Card, a photocopy of your birth certificate or naturalization certificate (not required if the Driver’s License is a Real ID), and payment in the form of personal check, cashier’s check, money order, or credit card for the appropriate amount.

FEES ARE NON-REFUNDABLE

<input type="checkbox"/> New License Application <input type="checkbox"/> Renewal Application (Expiration Date _____) Instructor: <input type="checkbox"/> New <input type="checkbox"/> Renewal						
Non-Civilian Licenses	Law Enforcement: <input type="checkbox"/> Current <input type="checkbox"/> Mounted Patrol <input type="checkbox"/> Retired (Retirement Date _____) Military: <input type="checkbox"/> Active <input type="checkbox"/> Veteran (Separation Date _____)					
Last Name:	First Name:	Middle Name:	County of Residency:			
Social Security Number:	Fingerprint TCN: (New Applicants Only)	Driver’s License or I.D Number:	DL Issue Date:			
Date of Birth: (mm-dd-yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Height:	Weight:	Eye Color:	Hair Color:	Race:
City of Birth:	State of Birth:	Country of Birth other than USA:				
Mailing Address:		City:	State:	Zip Code:		
Physical Address (if different than above):		City:	State:	Zip Code:		
How long have you lived at the above address? Years Months	Home Phone Number:	Business Phone Number:				
Email Address:						
FOR OFFICE USE ONLY:						
Form of Payment: <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier’s Check <input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Credit Card						
Applicant Name _____						
The Department of Public Safety acknowledges that on _____ the sum of \$ _____ was received by:						
_____			_____			
Signature of employee accepting application			Printed name of employee accepting application			

ALL APPLICANTS PLEASE READ QUESTIONS THOROUGHLY AND ANSWER QUESTIONS BY CHECKING "YES" or "NO".

	YES	NO
1. Are you a citizen of the United States OR permanent resident?		
2. Are you a resident of New Mexico OR a member of the armed forces whose permanent duty station is located in New Mexico?		
3. Are you 21 years of age or older?		
4. Have you satisfactorily completed a DPS-Approved Firearms Safety Training Program or Renewal Training Program? (Training is not required for active military, veterans under 20 years discharged, and LE retired less than 10 years.)		
5. Have you been convicted of a felony in New Mexico or any other state or pursuant to the laws of the United States or any other state or pursuant to the laws of the United States or any other jurisdiction?		
6. Are you currently under indictment for a felony criminal offense in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction?		<input type="radio"/>
7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing firearm?		
8. Have you been adjudicated incompetent or committed to a mental institution?		
9. Are you an unlawful user of, or addicted to, any controlled substances and/or alcohol?		
10. Have you received a conditional discharge, a diversion or a deferment, or been convicted of, pled guilty to, or entered a plea of nolo contendere to a misdemeanor offense involving a crime of violence within the last 10 years?	<input type="radio"/>	<input type="radio"/>
11. Have you, within five years immediately preceding this application, been convicted of a misdemeanor offense involving driving while under the influence of intoxicating liquor or drugs?		
12. Have you been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within the last 10 years immediately preceding this application?		
13. Have you been convicted of a misdemeanor offense involving assault, battery, or battery against a household member?		
14. Since the age of 18, have you been arrested for a disqualifying charge? (Include final disposition documents with application.)		
15. Are you a fugitive from justice?		
16. Are you an alien who is residing in the United States illegally or a former citizen of the United States who has renounced citizenship?		
17. INSTRUCTOR APPLICANTS ONLY Do you meet ALL training instructor criteria required under NMAC 10.8.2.22? (If yes, include all proper documentation).		

WARNING: Submission of a false answer to any question or submission of a materially false document will result in the denial of the application and may result in criminal prosecution for perjury (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

I HEREBY STATE UNDER PENALTY OF LAW THAT:

1. I have read the New Mexico Concealed Handgun Carry Act of 2003 and qualify to apply for a concealed handgun license;
2. I have been furnished with a copy of the state laws relating to concealed handguns and have read and understand them;
3. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
4. The information in this application and any documents submitted in this application is true, correct, and complete to the best of my knowledge and belief; and
5. I understand a license eligibility investigation will be conducted as a part of the application process; this may involve, but is not limited to, computerized record searches/ criminal history searches and I authorize the investigation.

Signature of Applicant

Printed Name

Date

**NEW MEXICO DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION TO OBTAIN HEALTH INFORMATION**

This authorization allows the New Mexico Department of Public Safety (DPS) to obtain confidential health information about you. The authorization may be revoked by you. It will remain in effect indefinitely solely for purposes of obtaining information regarding your Concealed Handgun Carry Act application or permit. You are entitled to a copy of the completed authorization. There may be fees charged for any copying associated with this request. If you are a person with a disability and you require this authorization in an alternative format or require a special accommodation to complete this form, you may request assistance from staff at any DPS location.

Applicant Name Printed (First, Middle, Last)

1. I authorize the Department of Public Safety to obtain health information as described below.
2. I understand that any information disclosed by any provider of any kind may include information about behavioral or mental health services, and treatment for alcohol or dmg/substance abuse and information obtained by the New Mexico Department of Public Safety from any other provider specifically related to the statutory purposes set out in the Concealed Handgun Carry Act at Section 29-19-1 to 29-19-13, NMSA 1978.
3. This authorization applies to any health information from any provider or any source relating to the stated purposes.
4. The health information will specifically be related to (a) adjudication of mental incompetence or any commitment to a mental institution; (b) any addiction to alcohol or controlled substances.
5. This health information shall be utilized in order to assess compliance with the purposes of the Concealed Handgun Carry Act.

STATEMENT OF UNDERSTANDING:

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to the New Mexico Department of Public Safety. I understand that the revocation will not apply to information that has already been obtained pursuant to this authorization. I understand that unless I revoke this authorization as stated above, this authorization will continue in full force and effect. I understand that authorizing the disclosure of this health information is voluntary. I further understand that revoking this authorization may have consequences regarding my application for a concealed handgun carry permit, or my ability to continue carrying a concealed handgun if I have already been issued a concealed handgun carry permit.

Signature of Applicant

Date

Signature of Witness

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
Name (Must Be Printed Legibly) (SSN) (DOB)

Alias' Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Department of Public Safety - Concealed Carry Unit

NAME OF AGENCY OR PERSON RECEIVING ARREST RECORD

ADDRESS: 6301 Indian School Rd. NE Suite 310, Albuquerque, NM 87110

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____

DATE: _____

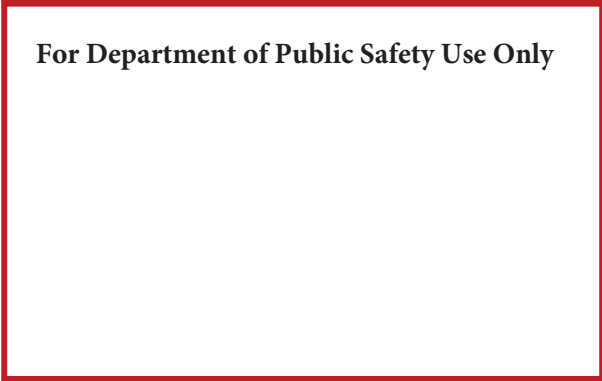
SIGNED AND SWORN TO BEFORE ME ON THIS _____ **Day Of** _____ **20** _____

State of _____ **County of** _____

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____



New Mexico Department of Public Safety

CONCEALED HANDGUN LICENSE REPLACEMENT CARD APPLICATION

TYPE or PRINT LEGIBLY IN INK.

Your application will not be processed unless all application questions have been answered and all required documents have been submitted. FOR ANY LICENSE CHANGES, THE CURRENT CARD MUST BE SURRENDERED WITH APPLICATION AND \$10.00 FEE. See NMAC 10.8.2.18 and NMAC 10.8.2.19(A)(4).

FEES ARE NON-REFUNDABLE

10.8.2.19 REPLACEMENT LICENSE:

A. Change of name address, or status: A licensee who changes his or her name, address or law enforcement status shall file within 30 days:

- 1) an application for a replacement license on the form prescribed by the department;
- 2) if applicable, a certified copy of a legal document proving the change of name;
- 3) a nonrefundable \$10 processing fee; and
- 4) if applicable, proof of reemployment with a law enforcement agency.

B. Loss, theft, or destruction of license: A licensee who loses his or her license or whose license is stolen or destroyed shall file a police report within 10 days of the date the licensee discovers the loss, theft, or destruction of the license. The licensee shall not carry a concealed handgun until he or she obtains a replacement license. A licensee who seeks to replace a license that is lost, stolen, or destroyed shall file with the department:

- 1) an application for a replacement license on the form prescribed by the department;
- 2) the case number of the police report;
- 3) a notarized statement made under oath that the license was lost, stolen or destroyed; and
- 4) a nonrefundable \$10 processing fee.

The department shall issue a replacement license within 10 days of receipt of the application.

[10.8.2.19 NMAC - Rp, 10.8.2.19 NMAC, 11-30-16

FOLLOW THE CHECKLIST BELOW FOR YOUR APPROPRIATE CATEGORY BEFORE SUBMITTING YOUR REPLACEMENT CARD APPLICATION TO THE DEPARTMENT

INCOMPLETE REPLACEMENT CARD APPLICATIONS WILL NOT BE ACCEPTED

Documents needed for a **Lost License**

- Replacement Card Application
- Sworn notarized statement about lost license
- \$10.00 Fee

Documents needed for a **Stolen License**

- Replacement Card Application
- Sworn notarized statement about stolen license
OR copy of police report
- \$10.00 Fee

Documents needed for a **Destroyed License**

License needs to be returned

- Replacement Card Application
- Sworn notarized statement about destroyed license
- \$10.00 Fee

Documents needed for a **Change of Address**

License needs to be returned

- Replacement Card Application
- Proof of address change (utility bill, lease, etc.)
- \$10.00 Fee

Documents needed for a **Change of Name**

License needs to be returned

- Replacement Card Application
- Name change documents
- \$10.00 Fee

Documents needed for an **Endorsement**

License needs to be returned

- Replacement Card Application
- Certificate of Completion
from DPS-Approved Instructor
- \$10.00 Fee

New Mexico Department of Public Safety

CONCEALED HANDGUN LICENSE REPLACEMENT CARD APPLICATION

TYPE or PRINT LEGIBLY IN INK.

Your application will not be processed unless all application questions have been answered and all required documents have been submitted. FOR ANY LICENSE CHANGES, THE CURRENT CARD MUST BE SURRENDERED WITH APPLICATION AND \$10.00 FEE. See NMAC 10.8.2.18 and NMAC 10.8.2.19(A)(4).

FEES ARE NON-REFUNDABLE

<input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Name <input type="checkbox"/> Lost / Stolen / Destroyed <input type="checkbox"/> Add Endorsement <input type="checkbox"/> Other _____							
Last Name:		First Name:			Middle Name:		
Social Security Number:		County of Residency:		Driver's License Number:		DL Issue Date:	
Date of Birth: (mm-dd-yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Height:	Weight:	Eye Color:	Hair Color:	Race:	
City of Birth:		State of Birth:		Country of Birth other than USA:			
Mailing Address:				City:	State:	Zip Code:	
Physical Address (if different than above):				City:	State:	Zip Code:	
How long have you lived at the above address?		Home Phone Number:		Business Phone Number:			
Years	Months						
Email Address:							
FOR OFFICE USE							
ONLY: Form of <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Personal Check # _____ <input type="checkbox"/> Credit Card							
Payment: Applicant Name _____							
The Department of Public Safety acknowledges that on _____ the sum of \$ _____ was received by:							
_____				_____			
Signature of employee accepting application				Printed name of employee accepting application			

WARNING: Submission of a false answer to any question or submission of a materially false document will result in the denial of the application and may result in criminal prosecution for perjury (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

I HEREBY STATE UNDER PENALTY OF LAW THAT:

1. I have read the New Mexico Concealed Handgun Carry Act of 2003 and qualify to apply for a concealed handgun license;
2. I have been furnished with a copy of the state laws relating to concealed handguns and have read and understand them;
3. I want a permit to carry a concealed handgun for lawful purposes, which may include self-defense;
4. The information in this application and any documents submitted in this application is true, correct, and complete to the best of my knowledge and belief; and
5. I understand a license eligibility investigation will be conducted as a part of the application process; this may involve, but is not limited to, computerized record searches/ criminal history searches and I authorize the investigation.

Signature of Applicant
Printed Name
Date



Student Questionnaire for Concealed Carry Class

Thank you for taking the time to complete this NM DPS concealed carry class questionnaire. This survey is anonymous unless you request to be contacted. If you request to be contacted, please leave your name and contact number at the bottom of this form for further assistance from the department.

Instructor Name and Number: _____

Course Date(s): _____ Course location: _____

1. Why did you take this class? _____

2. What part of the class did you enjoy most? _____

3. What part of the class did you enjoy least? _____

4. What could be improved? _____

YES NO

5. Did instructor(s) keep control of the class?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel your class has left you confident in carrying a concealed weapon?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you feel confident in the knowledge of State, Federal, local criminal and civil laws concerning carrying a concealed weapon?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your knowledge of safe handling of single and double action revolvers and semiautomatic handguns improved after taking this course?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you better informed in the safe storage of your handgun and child safety?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel the instructor(s) has given substantial training for techniques for non-violent dispute resolutions and techniques for avoiding criminal attacks?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you feel this course left you comfortable in your knowledge of shooting fundamentals and the shooting your firearm?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you get a copy of the NM Concealed Carry Act? (Virtual or Physical)	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the class begin and end on time?	<input type="checkbox"/>	<input type="checkbox"/>
14. Was/Were the instructor(s) fair? If not, please comment.	<input type="checkbox"/>	<input type="checkbox"/>
15. Did the instructor(s) encourage questions/participation?	<input type="checkbox"/>	<input type="checkbox"/>
16. Would you like the department to contact you regarding this survey?	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____

Phone number: _____

Questionnaire may be submitted to:
 NMDPS Concealed Carry Unit, 6301 Indian School Rd NE Suite 310, Albuquerque, NM 87110
 OR
 NMCC.Instructors@dps.nm.gov

