

FA INSTRUCTOR INFORMATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

\_\_\_\_\_

DO YOU WANT YOUR INFORMATION TO BE ( ) PRIVATE OR LISTED  
ON THE ( ) PUBLIC LIST

PROOF OF CERTIFICATION MUST BE SUBMITTED WITH YOUR  
INFORMATION FORM

**PLEASE REMEMBER TO SUBMIT UPDATED CERTIFICATES BEFORE  
EXPIRATION OR YOUR INFORMATION WILL BE REMOVED FROM  
THE APPROVED FA INSTRUCTOR LIST(S).**

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For office use only

FIREARM CERTIFICATE EXPIRATION: \_\_\_\_\_

[ ] NRA LE CERTIFIED [ ] COPT CERTIFIED

[ ] OTHER: \_\_\_\_\_