

New Mexico Department of Public Safety

CERTIFICATE

of

**Successful Completion of Concealed Handgun 2- Hour Refresher
Training Course**

This is to certify that

Has completed the approved State of New Mexico Firearms Competency Test as specified in Subsection A of NMSA 1978, Section 29-19-7, and demonstrated Handgun Competency in accordance with 10.8.2.15 B, NMAC.

Student Name: _____ **Date Course Completed:** _____

Address: _____ **Training Location** _____

_____ **Hours of Training Completed:** _____

Date of Birth _____

| CATEGORY SEMIAUTO (SA), REVOLVER (R), DERRINGER (D) | | | | | |
|--|---------------|---------------|-----------------|---------------|---------------|
| Caliber: | SA/R/D | Score: | Caliber: | SA/R/D | Score: |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

INSTRUCTOR INFORMATION

DPS Approved Primary Instructor Number: _____

Type or Printed Name of Primary Instructor: _____

Signature of Instructor: _____ **Date:** _____

This form must be completed and submitted (typed or printed clearly) by the Instructor within 30 days of completion of the course.