



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

(REQUIRED INFORMATION *)

*NAME:					
*LSP Instructor Number: (For LSP use only)					
*Physical Address:					
*Mailing Address:					
*CITY:		*STATE:		*ZIP CODE:	
*Day Time Contact Number: (For LSP use only)					
*Applicant Contact Number and Email Address:					
*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
CREDITAL TYPE:	<input type="checkbox"/> P.O.S.T.		EXPIRATION		
CREDITAL TYPE:	<input type="checkbox"/> N.R.A.		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
www.lsp.org/handguns.html