

**Clay County Sheriff's Office  
Concealed Carry Division (CCW)  
27 South Main Street  
Liberty, Missouri 64068**

**2022**

**Sheriff William K. Akin  
816-407-3740 Office  
816-407-3741 Fax**

**Application for CCW Instructor**

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Any qualified firearms safety instructor may submit a copy of a training instructor certificate, notarized course outline, and a recent photograph of the instructor to the sheriff of the county in which the instructor resides.

Firearms safety instructors may register annually and the registration is only effective for the calendar year in which the instructor registered.

The sheriff shall collect an annual registration fee of ten dollars from each qualified instructor who chooses to submit such information and shall retain a database of qualified instructors.

**INSTRUCTOR INFORMATION**

**If there is more than one instructor for your business, each instructor must fill out an application, sign it and provide the required documents.**

Business Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

**Home** Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Please provide the following documentation with this form:**

- **Your credentials (certificates) that qualifies you to teach CCW classes**
- **A photo ID or recent photograph (of the instructor)**
- **A course outline bearing the notarized signature of the instructor**
- **\$10.00 cash or money order made payable to the Clay County Sheriff's Office.**

*I understand that if I knowingly provide any law enforcement officer with any false information concerning an applicant's performance on any portion of the required training and qualification, I shall be guilty of a class C misdemeanor. Any violation of this section shall result in the person being prohibited from instructing concealed carry permit classes and issuing certificates.*

\_\_\_\_\_  
(Printed Full Name of Instructor)

\_\_\_\_\_  
(Signature of Instructor)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date Signed)