

CONCEALED HANDGUN LICENSING BUREAU

Class Notification

Please be advised that I will be conducting a Concealed Handgun School at the location (s) listed below along with the date(s) and time(s).

	<u>Date</u>	<u>Time</u>	<u>Classroom Location</u>	<u>Range Name/Location</u>
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Please print:

INSTRUCTOR NAME: _____

CERTIFICATE #: _____

You may fax this Class Notification at least 2 to 4 weeks prior to training
to 512/424-7284 or
email to chl@txdps.state.tx.us.