



COUNTY OF ERIE

HON. M. WILLIAM BOLLER

FIREARMS LICENSING OFFICER

Firearms Instructor Certification of Compliance with NYS Concealed Carry Firearms Safety Training Requirements

I, _____, hereby attest that as of the _____ day
(Name of Instructor- please print)

of _____, 202____, I am in compliance with the New York State Minimum Standards for Concealed Carry Firearms Safety Training as issued by the New York State Division of Criminal Justice Services and the Division of State Police on August 23, 2022 (see attached hereto and made a part of hereof), that I qualify as a Duly Authorized Instructor as that term is defined in New York State Penal Law Section 265 (19), that the Concealed Carry Firearms Safety Training Instruction that I provide meets the requirements of NYS Penal Law section 400 (19), and that I will comply with any and all requirements and laws set forth by the State of New York and the County of Erie.

Along with this certification I have attached a description of the course curriculum for the Concealed Carry Firearms Safety Training Instruction I provide.

Name of Instructor- please print

Signature of Instructor

JURAT: Signed and sworn to before me

this _____ day of 202____

at _____, NY.

Signature of Notary