Office of Attorney General Derek Schmidt
Concealed Carry Handgun Licensing Unit
Class Roster Report
Pursuant to K.S.A. 75-7c04(b) and K.A.R. 16-11-3(c)

Primary Instructor

Last Name	First Name	Mid.Initial	State Issued DL or ID Number

Secondary Instructor(s)

Last Name	First Name	Mid.Initial	State Issued DL or ID Number

Date(s) of Class

Start Date	End Date

Location of Class (where classroom portion was conducted)

Address	City	State

Location of the Range (where live fire exercise was conducted)

Address	City	State

Class Roster

Last Name	First Name	Mid.Initial	State Issued DL or ID Number

Updated 9/2014

Class Roster (Continued)

Last Name	First Name	Mid.Initial	State Issued DL or ID Number

CLASS ROSTERS MUST BE MAILED, FAXED OR EMAILED TO THE CONCEALED CARRY UNIT WITHIN 10 DAYS AFTER A CLASS IS COMPLETED

MAIL: Concealed Carry Unit
Office of the Attorney General
120 SW 10th Avenue, 2nd Floor
Topeka, KS 66612-1597

FAX: 785-368-6468

Email: ksagcc@ag.ks.gov

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