

Office of Attorney General Kris W. Kobach  
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	Last 4 Digits of State Issued DL or ID Number

**Secondary Instructor(s)**

Last Name	First Name	Mid. Initial	Last 4 Digits of 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	Last 4 Digits of State Issued DL or ID Number

Class Roster (Continued)

Last Name	First Name	Mid. Initial	Last 4 Digits of State Issued DL or ID Number

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

Secure web upload: <https://ag.ks.gov/cc-roster-report>

MAIL: Concealed Carry Unit  
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