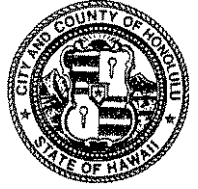




# HONOLULU POLICE DEPARTMENT CITY AND COUNTY OF HONOLULU



## Application for Verification to Administer Firearms Course

The undersigned hereby requests verification to administer the firearms course and tests required by Hawai'i Revised Statutes ("HRS") §§ 134-2 and 134-9 and Sections 21-15-29 and 21-15-30 of the Rules of the Chief of Police (2024). I fully understand that HPD verification of my application does not constitute an endorsement by HPD of my services; that I am responsible for ensuring that the firearms course satisfies the requirements of HRS §§ 134-2 and 134-9 and Sections 21-15-29 and 21-15-30 of the Rules of the Chief of Police (2024) and all other laws; and that this verification shall expire two years from the date of issuance.

Check **one** box:  LTC Instructor Application only  Firearms Safety Course Application only  Both

Name \_\_\_\_\_  
Last First Middle

(Alias(es) Nickname(s) Maiden Name)

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Including Apt.#/Area/Zip Code)

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

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Including Apt.#/Area/Zip Code)

Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ U.S. Citizen YES  NO

U.S. Passport/Naturalization No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(If Born Outside of U.S.A)

Race \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Build \_\_\_\_\_

Email Address \_\_\_\_\_

List all firearm instruction certifications (attach copies of certificates; attach additional pages if necessary)

Organization (e.g., NRA, include membership #), Name of Course, and Course Length	Year Completed	Expiration of certification	In person or online
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Name: \_\_\_\_\_

Section 1 (Handgun Safety)

1. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the course will provide at a minimum a total of at least two hours of firing training at a firing range and a total of at least four hours of classroom instruction.
  
2. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the course will cover the following topics, and that I have current and detailed knowledge on each topic: The safe use, handling, and storage of firearms, firearm safety in the home, and education on the firearm laws of the City and County of Honolulu and the State of Hawai'i .
  
3. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the required component of the training on mental health and suicide prevention will be taught through one or more of the following options.  
**(Select one or more of the following options):**
  - a. \_\_\_\_\_ I will conduct this portion of the training and attached is evidence of my education and experience in this field.
  
  - b. \_\_\_\_\_ A physician, psychologist, social worker, or other health care professional licensed in Hawai'i and with training and experience in these issues will conduct this portion of the training and attached is the name, contact information, and qualifications of the person conducting each of these portions.
  
  - c. \_\_\_\_\_ One or more videos will be used to conduct this portion of the training and attached is information on each video that will be used.
  
4. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the required component of the training on domestic violence issues associated with firearms and firearm violence will be taught through one or more of the following options. **(Select one or more of the following options):**
  - a. \_\_\_\_\_ I will conduct this portion of the training and attached is evidence of my education and experience in this field.
  
  - b. \_\_\_\_\_ An individual with training and experience in domestic violence issues will conduct this portion of the training, and attached is the name, contact information, and qualifications of the person conducting this portion.
  
  - c. \_\_\_\_\_ One or more videos will be used to conduct this portion of the training and attached is information on each video that will be used.
  
5. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that all required information from the course will be provided on a signed affidavit, including my name, address, and phone number, attesting to the successful completion of the course by the applicant. I acknowledge that I will not submit an affidavit with my own signature as an instructor to certify myself.
  
6. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that I have not previously been convicted of any criminal offense involving dishonesty or fraud, and that I have not previously been found liable in any civil court for any act involving dishonesty or fraud.
  
7. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that I am not legally prohibited from possessing or handling firearms.

Print Name: \_\_\_\_\_

Section 2 (License to Carry)

8. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the course will provide at a minimum a total of at least four hours of classroom instruction, provided that one combined course, with a minimum of four hours of instruction, to satisfy the requirements for Handgun Safety and a License to Carry. This combined course shall include all topics required for Permits to Acquire. (Section 1, item 2) and Licenses to Carry (Section 2, item 9).
9. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the course will cover the following topics, and that I have current and detailed knowledge on each topic: firearm safety, firearm handling, shooting technique, safe storage, legal methods to transport firearms and secure firearms in vehicles, laws governing places in which persons are prohibited from carrying a firearm, firearm usage in low-light situations, and situational awareness and conflict management.
10. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the required component regarding laws governing firearms, including chapters 134 and 703, HRS, and all other laws in Hawai'i regarding circumstances in which deadly force may be used for self-defense or the defense of another, will be taught through one or more of the following options.  
**(Select one or more of the following):**
- a. \_\_\_\_\_ I will conduct this portion of the training and attached is evidence of my education and experience in this field.
- b. \_\_\_\_\_ An active attorney in good standing with the Hawai'i State Bar Association will conduct this portion of the training and attached is the name, contact information, and Hawai'i State Bar Association number.
11. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that the course will include a component on mental health and mental health resources.
12. \_\_\_\_\_  
*Initial* I certify, under penalty of perjury, that I have not previously been convicted of any criminal offense involving dishonesty or fraud, and that I have not previously been found liable in any civil court for any act involving dishonesty or fraud.
13. \_\_\_\_\_  
*Initial* I have attached a copy of the written examination to be used, and this written examination satisfies Section §21-15-29(4)(C) of the Rules of the Chief of Police.

I declare, under penalty of perjury, that all of the information above is correct and that all of the attachments are true and correct copies, or original documents, demonstrating my qualifications to administer the firearms course and tests required by HRS §§ 134-2 and 134-9 and Sections 21-15-29 and 21-15-30 of the Rules of the Chief of Police (2024), and that there is no legal impediment to my serving as an instructor.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**For Official Use Only**

Instructor No. \_\_\_\_\_

Initials

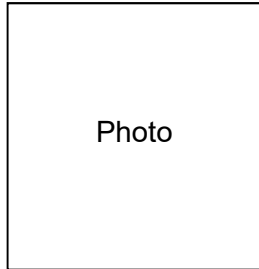
Date

Valid Dates \_\_\_\_\_

Investigation By: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Issued By: \_\_\_\_\_



Approved  Denied