

DEPARTMENT OF CRIMINAL JUSTICE TRAINING
CARRYING CONCEALED DEADLY WEAPONS
LOST OR DAMAGED MATERIALS FORM

Instructor #: _____

Instructor Name: _____

Item	Quantity
Applicant Manual	
Legal Segments Video on DVD	
Form 126 Page A-B (Application)	
Class Roster Form	
Applicant Test	
Test Answer Sheet	
Test Answer Key	
CCDW Material Request Form	
Course Administration Record # 20	
Ammunition Inspection Form #8	
Autoloader Inspection Form #7A	
Revolver Inspection Form #7B	
Acknowledgement of Safety Rules #3	

For Trainer Use Only

Instructor Manual	
CCDW Instructor & Instructor-Trainer Five Minute Presentation	
Instructor Test	

MAIL TO: CCDW Program
 Department of Criminal Justice Training
 4449 Kit Carson Drive
 Richmond, KY 40475

FAX TO: (859)622-8387

EMAIL TO: ccdwprogram@ky.gov

Please provide a brief explanation:
