

DEPARTMENT OF CRIMINAL JUSTICE TRAINING
CARRYING CONCEALED DEADLY WEAPONS
MATERIAL REQUEST FORM

Projected Class Date: _____ Instructor #: _____

Instructor Name: _____

Address (We cannot ship to a PO Box) Business Residential

Street Address _____ City _____ State _____ Zip Code _____

Daytime Phone # _____

Item	Quantity
Applicant Manual	
Legal Segments Video on DVD	
Form 126 Page A-B (Application)	
Class Roster Form #5	
Applicant Test	
Test Answer Sheet	
Test Answer Key	
CCDW Material Request Form #2	
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

EMAIL TO: ccdwwprogram@ky.gov **FAX TO:** (859)622-8387