



North Carolina Department of Justice Criminal Justice Standards
Division Carry Concealed Permit Applicant Instructor Evaluation Form

County of Application for a Concealed Carry Handgun Permit _____

Date, Time, Location of the CCH Class: _____

The Instructor's name: _____

What time did the Concealed Carry Handgun Class begin? _____ End? _____

What was the first issue addressed at the beginning of the class? _____

How much time was used in the delivery of this subject? _____ hrs

Did you receive instruction pertaining to the North Carolina Firearms Law and use of deadly force? _____

How much time was used in the delivery of instruction pertaining to the North Carolina Firearms Law and use of deadly force? _____ hrs.

Did you receive instruction on the safe use and presentation of both the revolver as well as the semi-automatic pistol? _____

How much time was used in the delivery of the subject of firearms safety and presentation? _____ hrs.

Did you qualify with a firearm during the Concealed Carry Handgun Class? _____

How many rounds of ammunition did you use to qualify? _____

What type of target was used for your qualification? _____

At what distance(s) did you fire from for qualification? _____

How much time was used for the qualification process of the training? _____ hrs

Do you feel that you know and understand the North Carolina Firearms Law and use of deadly force? _____

Do you feel that you know the proper and safe ways of firearm presentation? _____

How would you rate the instruction given by your instructor? _____

Your Name _____ Address _____

City _____ State N.C. Zip _____