



**Metropolitan Police Department  
Firearms Registration Section  
300 Indiana Avenue, N.W., Room 3058, Washington, D.C. 20001**

**District of Columbia Concealed Carry Pistol License Course(s) Completion Certificate**

**Instructions for D.C. Concealed Carry Pistol License Applicant:**

1. Please print legibly in **BLACK INK** in **SECTION I** below.
2. Submit this completed **ORIGINAL** form to the MPD Firearms Registration Section.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION II MUST BE COMPLETED BY AN MPDC CCW-CERTIFIED RANGE INSTRUCTOR**

**District of Columbia Concealed Carry Pistol License Course(s) (Check All That Apply)**

Check Box

- |                          |  |                       |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | D.C.-Specific Laws on Firearms & Self-Defense Course<br><b>(Variable Hours, CCW Instructor-Dependant)</b>                  | Date Completed: _____ |
| <input type="checkbox"/> | Firearms Safety Training Course<br><b>(16 Hours) - Includes D.C.-Specific Laws on Self-Defense</b>                         | Date Completed: _____ |
| <input type="checkbox"/> | Range Training & Qualification Course<br><b>(2 Hours)</b>  | Date Completed: _____ |
| <input type="checkbox"/> | Firearms Safety Training Course / Pistol License Renewal<br><b>(4 Hours) - Includes D.C.-Specific Laws on Self-Defense</b> | Date Completed: _____ |

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**Name and Address of Range (if applicable):** \_\_\_\_\_

*I hereby affirm that the aforementioned person has successfully completed said requirements as prescribed by the Chief of Police of the Metropolitan Police Department and that the course(s) met and/or exceeded the minimum standards set by D.C. Municipal Regulations Title 24, Chapter 23, Section 2347 and the Firearms Control Regulations Act. Furthermore, I believe the above information is true and correct to the best of my knowledge and understand that making a false statement is punishable by criminal penalties under D.C. Code Title 22-2405.*

MPDC CCW-Certified Firearms Instructor Name: \_\_\_\_\_ CCW Instructor ID#: \_\_\_\_\_

MPDC CCW-Certified Firearms Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_