

**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: **Beaufort**

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 Laws 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? \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_