

North Carolina Department of Justice - Criminal Justice Standards Division

Carry Concealed Handgun Instructor Evaluation Form

We would like to request that all applicants for a Concealed Carry Handgun Permit complete this survey so that we may evaluate the training conducted by the Concealed Carry Handgun Instructor. Completing this form is voluntary.

County of Application for a CCH Permit: \_\_\_\_\_

Date, Time, and Location of the CCH Class: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_

What time did the class begin? \_\_\_\_\_ What time did the class end? \_\_\_\_\_

Did you receive instruction pertaining to North Carolina firearms laws and the use of deadly force?

(Please circle correct response) Yes No

How long was the legal block of instruction dealing with firearms laws and the use of deadly force? \_\_\_\_\_

Where the following topics taught in the training program? (Please circle the correct response)

Safety: Yes No

Cleaning the Weapon: Yes No

Draw or Presentation: Yes No

Basic Fundamentals: Yes No

Use of Revolvers: Yes No

Use of Semiautomatic Pistols Yes No

Did you qualify with a weapon during the training period? Yes No

How many rounds did you fire? \_\_\_\_\_

What type of target was used? \_\_\_\_\_

At what distance(s) did you fire? \_\_\_\_\_

Do you feel that you are knowledgeable in North Carolina firearms laws? Yes No

Would you recommend this Instructor to other individuals interested in taking this training program? Yes No

Please feel free to address any concerns or make any comments regarding the quality of this training program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include your contact information in the event we need to follow-up with you on this evaluation.

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
[Area Code & Number]

Address: \_\_\_\_\_  
[Street or P.O. Box Number] [City] [State] [Zip Code]

Please return completed form to: CCH Program Administrator  
North Carolina Department of Justice  
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