



Texas Department of Public Safety  
Regulatory Services Division

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**LICENSE TO CARRY ONLINE COURSE / HANDGUN PROFICIENCY  
CERTIFICATE OF TRAINING**

**PART A: STUDENT INFORMATION**

Last Name Williamson		First Name Virginia		Middle Initial G
Driver License Number 07506070	Issuing State (2- letter code) TX	ID Number	Issuing State (2- letter code)	

**ONLINE TRAINING**

Laws That Relate to Weapons / Use of Force	Hr <u>1</u>	Min <u>45</u>
Safe Storage	Hr _____	Min <u>45</u>
Non-Violent Dispute Resolution	Hr _____	Min <u>47</u>
Handgun Use and Safety (Including use of restraint holsters)	Hr <u>1</u>	Min <u>21</u>
Total Online Time: Hr <u>4</u> Min <u>38</u>		

My signature verifies the above named individual has received a minimum of 4 hours and a maximum of 6 hours online instruction and successfully passed the required written test for a Texas License to Carry a Handgun.

<u>Austin Davis</u>	<u>01523712</u>	<u>Austin Davis</u>	<u>01/25/2021</u>
Online Course Provider Name (printed)	Instructor #	Online Course Provider Signature	Completion Date (MM/DD/YYYY)

**PART B: RANGE INSTRUCTION**

I certify I have provided 1 to 2 hours of range instruction to \_\_\_\_\_ (applicant).

_____	_____	_____	_____
LTC Instructor Name (printed)	Instructor #	LTC Instructor Signature	Completion Date (MM/DD/YYYY)

**PART C: PROFICIENCY DEMONSTRATION**

Name of Range (if any)			<input type="radio"/> LTC Instructor renewal
Address			
City	State <b>TX</b>	Zip Code	

My signature verifies the above named individual has successfully demonstrated proficiency using the required course of fire for a Texas License to Carry a Handgun.

_____	_____	_____	_____
LTC Instructor Name (printed)	Instructor #	LTC Instructor Signature	Completion Date (MM/DD/YYYY)

**STUDENT CERTIFICATION**

I verify that the information provided is true and correct. I also understand this is an official Government record and any missing information and/or false statement made on this document may result in criminal prosecution.

_____	_____	_____
Student Name (printed)	Student Signature	Date (MM/DD/YYYY)

