



ARIZONA DEPARTMENT OF PUBLIC SAFETY

APPLICATION TO BE A RECOGNIZED LAW ENFORCEMENT OFFICERS' SAFETY ACT (LEOSA) INSTRUCTOR

Return the completed application to:

Arizona Department of Public Safety
P.O. Box 6488
Phoenix, AZ 85005-6488

Or E-mail to: ccw@azdps.gov – ATTN: LEOSA

Please type or print legibly

LEOSA INSTRUCTOR INFORMATION			
NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER (OPTIONAL)
MAILING ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
AZPOST CERTIFIED FIREARMS INSTRUCTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF LAW ENFORCEMENT AGENCY	

LEOSA TRAINING ORGANIZATION INFORMATION			
NAME OF TRAINING ORGANIZATION			POST INFORMATION ON DPS WEBSITE? <input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

FOR DPS USE ONLY			
RECEIVED		ENTERED	
DATE	BADGE	DATE	BADGE
INSTRUCTOR # ASSIGNED		WEBSITE UPDATED	
DATE	BADGE	DATE	BADGE

Phoenix (602) 256-6280 *** Outside Metropolitan Phoenix but within Arizona 1-800-256-6280 Email:

ccw@azdps.gov: Subject Line: LEOSA
Business Hours 8:00 - 5:00 Monday through Friday
www.azdps.gov/services/public/cwp