



**SOUTHEASTERN NEW MEXICO LAW ENFORCEMENT ACADEMY**  
**#1 THUNDERBIRD CIRCLE**  
**HOBBS, NM 88240**

**RED DOT HANDGUN INSTRUCTOR**



**REGISTRATION FORM**

<u>DATES:</u>	<u>TIME:</u>	<u>LOCATION:</u>	<u>COST:</u>
October 9-11, 2024	0800-1700 hours, Wednesday-Friday	Hobbs Police Department Outdoor Range 6721 W. Millen, Hobbs NM, 88240	Total Course Fee: \$600.00

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Certification #: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_ Contact Person E-Mail: \_\_\_\_\_

**PAYMENT METHODS:**

*\*Billing will occur once class begins\* \*Make Checks payable to NMJC Training and Outreach\**

Please select your payment method:

<p>If you selected <i>Credit/Debit Card</i>, please provide the information below:</p> <p>Credit Card:    Visa        MasterCard</p> <p>Card #: _____</p> <p>CCV #: _____                      Expiration Date: _____</p> <p>Print Cardholder Name: _____</p> <p>Billing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Signature: _____</p>	<p>If you selected <i>Invoice</i> or <i>P.O.</i>, please provide the number below:</p> <p>Invoice #: _____</p> <p>P.O. #: _____</p>
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**Pre-requisite: Must be a certified Law Enforcement Handgun Instructor**

**Registration forms must be sent in as soon as completed. Class is limited to 20 attendees.**

*Approximately 800 practice ammo/50 duty*

Please send completed registration forms to: [snmlea@nmjc.edu](mailto:snmlea@nmjc.edu)

*For more information, please contact SNMLEA Staff at (575) 492-2720, [snmlea@nmjc.edu](mailto:snmlea@nmjc.edu).*