The Department of Criminal Justice Training

***FIREARMS TRAINING CLASS APPLICATION***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_

AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_

FIREARMS TRAINING CLASS APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGENCY / OFFICER GOALS FOR TAKING THIS CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please answer the following questions if it is related to the firearms training class you are applying for:

* **FIREARMS INSTRUCTOR CLASS:**

Number of officers with the agency: \_\_\_\_\_\_\_\_

Does your agency currently have a Firearms Instructor? Yes/No \_\_\_\_ If yes, how many: \_\_\_\_\_\_\_\_\_\_\_\_

Will you be replacing an instructor, increasing number of instructors, or establishing a firearms instructor program at your agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe you agency’s annual firearms training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **PATROL RIFLE – LOW POWERED VARIABLE OPTIC (LPVO) CLASS:**

Does your agency currently have a LPVO, Designated Marksman, or Sniper program or certified officers? Yes/No \_\_\_\_ If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Applicant Background**

Years in Law Enforcement: \_\_\_\_\_\_\_\_\_\_ Years with current agency: \_\_\_\_\_\_\_\_

Military Service: Yes/No \_\_\_\_\_\_\_ Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Law Enforcement Training (courses taken applicable to requested course i.e., Firearms, Tactics, Instructor)

Class: \_\_ Date: Hours:

Class: \_\_ Date: Hours:

Class: \_\_ Date: Hours:

**Applicant Readiness**

I certify that I do not have any medical issues that will prevent my full participation in the firearms training class I am applying for. I understand that I will be instructed to demonstrate numerous physically demanding events such as standing, kneeling, prone, supine, squatting, lifting 35+ lbs., walking and jogging without assistance.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Statement of Commitment**

I understand my nomination of this individual to attend the firearms training class applied for includes a commitment that the applicant will participate in those related firearms duties at the agency upon successful completion of the class.

Name and Title: Email address:

Chief Executive’s Signature: Date: \_\_\_\_\_\_