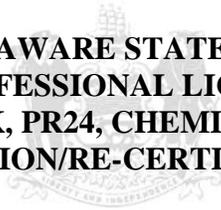


**DELAWARE STATE POLICE
PROFESSIONAL LICENSING
BATON, NIGHTSTICK, PR24, CHEMICAL SPRAY, HANDCUFFS
CERTIFICATION/RE-CERTIFICATION FORM**



APPLICANT NAME _____
(LAST) (FIRST) (MI)

DATE OF BIRTH _____

*[] FIREARMS GUARD * [] ARMORED CAR GUARD * [] BEA * [] CONSTABLE

	<u>INITIAL CERT DATE</u>	<u>RE-CERT DATE</u>
[] BATON	_____	_____
[] NIGHTSTICK	_____	_____
[] PR24	_____	_____
[] CHEMICAL SPRAY	_____	_____
[] HANDCUFFS	_____	_____

_____ I (*applicant*) have received a copy of the Rules & Regs in regards to my weapon status
(Initial) in the above industry(s).*

INSTRUCTOR'S COMMENTS:

INSTRUCTOR _____ / _____
(Print name) (Signature)