

APPROVED INSTRUCTORS INFORMATION

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

PHONE NUMBER _____

CERTIFIED TO INSTRUCT:

EXP DATE:

HANDGUN Private Public _____

SHOTGUN/RIFLE Private Public _____

BATON/NIGHTSTICK/PR24 Private Public _____

CHEMICAL SPRAY Private Public _____

HANDCUFFS Private Public _____

CEW Private Public _____

CANINE Private Public _____

16 HOUR Private Public _____

PROOF OF CURRENT TRAINING CERTIFICATE MUST BE INCLUDED