

**DELAWARE STATE POLICE
PROFESSIONAL LICENSING
BATON, NIGHTSTICK, PR24, CHEMICAL SPRAY, HANDCUFFS
CERTIFICATION AND PROFICIENCY FORM**

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

DATE OF BIRTH _____

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

CERTIFICATION DATE

[] 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)

As the instructor, by signing this form, I verify that the applicant has demonstrated proficiency with the above noted weapon.