

**APPROVED INSTRUCTORS INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CERTIFIED TO INSTRUCT:

EXP DATE:

HANDGUN             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**