**MARYLAND**

 **POLICE AND CORRECTIONAL TRAINING COMMISSIONS**

 **FIREARMS TRAINING FACILITY**

 **FACILITY OPERATOR & USER FORM**

**NAME:**

Print (LAST) (FIRST) (M.I.)

**E-MAIL ADDRESS**:

**DEPARTMENT/AGENCY:**

**ADDRESS:**

**AGENCY TELEPHONE NUMBER:**

**CELLULAR NUMBER:**

**DATE OF ON-LINE REFRESHER TRAINING:**

I have viewed the on-line Facility User Refresher Presentation established by the M.P.C.T.C. Firearms Training Facility. I understand my responsibilities as a facility user Lead Instructor and, by my signing this form, I am assuring my compliance with all FTF policies and procedures.

Signature of User Date

Reviewing FTF Representative Date

**Email completed form to: stephen.kuhn@maryland.gov or jamiel.green@maryland.gov**

Revised February 2020