Police and Correctional Training Commissions

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ENTRANCE LEVEL FIREARMS PROGRAM APPROVAL APPLICATION

RETURN APPROVAL TO:	**FOR MPCTC USE ONLY:**
Agency Name: _____ Agency Code: _____	Approval Period: _____
Contact Name: _____	Date/Approved by: _____
Telephone: _____	Approval Number: _____
Email: _____	

TYPE 1 LONG GUN (Counter Sniper) Optical sighting device – greater than 4 power

Total Program Hours: _____ (35 hours min.)   **Weapon:** _____

Classroom: To include: legal aspects (rules for use of DF; alternatives to use of DF; emotional, mental and psychological prep needed for DF shooting situation; judgmental / decision training; criminal, civil, and admin. liability). Nomenclature relevant to the firearm; Care and cleaning of the firearm; Safe handling and storage of firearm (at home, in law enforcement facility, on the firing line, & on patrol); Fundamentals of marksmanship and shooting; Ballistic properties; Potential situations for which the long gun is intended: Unusual characteristics; Optical sighting devices; Mechanical operation of weapon; Malfunctions causes & clearing.

Training & Qualification:

Number of Rounds: _____ (150 Minimum)   **Ammunition:** Authorized by agency or ballistic equivalent.

Target(s): _____ (Scoring targets, area may not exceed 80 square inches. 80 square inches equals to the 9 and 10 ring of a "B-27" target).

Instructor(s): Attach a list to include name(s) and certification number(s).

Qualification – Program # of agency approved Type 1 day course: _____

OR

Qualification – Program # of agency approved Type 1 with automatic capability day course: _____

Permission to deviate from the required MPCTC Firearm Program should be requested in writing (with explanation), and submitted with said program. MPCTC Regulations require that all Firearms Instructors be certified by MPCTC and that their certification be current. It is not necessary to send any other documentation with this application, however, said documentation should be kept on file within said agency.

I certify that all information provided on this application is true and correct.

_____

Agency Representative Name	Signature	Title	Date