**FIREARMS TRAINING FACILITY**

**REQUEST FOR TRAINING DATES**

(F.T.F Use Only) Approved – Scheduled Rejected – Not Scheduled (reason):

Date: Rooming’it entered - ⬜

**Instructions for filling out form:**

1. Prior to submission, telephone the facility (410-552-6300) to inquire if the date(s) requested are available
2. **Submit one form for each training date.**
3. Make a copy for your records
4. Send original to: jamiel.green@maryland.gov or gregorya.cullison@maryland.gov

**Agency Name & Full Address:**

**Agency Telephone No.:**

**Contact Person / Requestor:**

**Contact Person / Requestor Telephone No:**

**E-Mail address:**

**Type of training to be conducted:**

 ***Night Fire training is allowed in January, February, March, November & December – ONLY***

**Desired Date:**        **Times of training: Arrival**        **Departure**

**Number of students:**

**Area of Facility requested:** [ ]  **Classroom**

[ ]  **50 yard 16 positions Pistol Range** [ ]  **50 yard 11 positions Pistol Range**

[ ]  **25 yard 16 positions Pistol Range** [ ]  **25 yard 11 positions Pistol Range**

[ ]  **Decision Range** [ ]  **MILO Judgmental Simulator**

[ ]  **Rifle Range – 7:30 to 11:30** [ ]  **Rifle Range – 11:30 to 3:30**

**Equipment needed / requested:**

[ ]  **Television** [ ]  **Overhead projector** [ ]  **VCR** [ ]  **PowerPoint**

[ ]  **Trigger Gun System** [ ]  **Bristlecone System** [ ]  **Less Lethal Equip.**

[ ]  **Leather gear** [ ]  **Eye Protection** [ ]  **Hearing Protection**

[ ]  **Weapon(s) what type**

[ ]  **Misc. (List)**

**Signature of: Authorized FTF User / Training Coordinator / Chief Date**

**Revised: 2024 February**