MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS
FIREARMS PROGRAM APPROVAL APPLICATION

FIREARMS INSTRUCTORS LIST

AGENCY:_____ AGENCY CODE:_____

FULL NAME OF INSTRUCTOR	**CERTIFICATION #**
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MPCTC Regulations require that all Firearms Instructors be certified by MPCTC and that their certification be current.

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

Signature _____ Title _____ Date_____

Wp8dpainstructorlistformdjk