

# FIREARMS TRAINING FACILITY REQUEST FOR TRAINING DATES FORM

<small>(F.T.F. Use Only)</small>	_____ Approved, Registered	Rejected: _____
Date: _____		

**Instructions for filling out Training 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 session.
3. Make a copy for your records.
4. Send original to: Firearms Training Facility, 7320 Slacks Road, Sykesville, MD 21784 or fax to 410-552-4615

**Agency Name & Full Address:** \_\_\_\_\_  
\_\_\_\_\_

**Agency's Telephone No.:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Type of training to be conducted:** \_\_\_\_\_

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

**Desired Date:** \_\_\_\_\_ **Time of operation: Arrival** \_\_\_\_\_ **Departure** \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_ **Time of operation: Arrival** \_\_\_\_\_ **Departure** \_\_\_\_\_

**Number of students:** \_\_\_\_\_

**Area of Facility requested:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 50 yard 16 position Pistol Range | <input type="checkbox"/> 50 yard 11 position Pistol Range |   |
| <input type="checkbox"/> 25 yard 16 position Pistol range | <input type="checkbox"/> 25 yard 16 position Pistol range | <input type="checkbox"/> Classroom      |
| <input type="checkbox"/> Rifle Range                      | <input type="checkbox"/> Range 2000 Judgmental Simulator  | <input type="checkbox"/> Decision Range |

**Equipment needed/requested:**

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Television          | <input type="checkbox"/> Overhead projector | <input type="checkbox"/> VCR                | <input type="checkbox"/> Power point |
| <input type="checkbox"/> Trigger Gun System  | <input type="checkbox"/> Bristlecone system | <input type="checkbox"/> Less Lethal Equip. |                                      |
| <input type="checkbox"/> Leather gear        | <input type="checkbox"/> Eye Protection     | <input type="checkbox"/> Hearing Protection |                                      |
| <input type="checkbox"/> Weapon(s) what type | _____                                       |   |                                      |
| <input type="checkbox"/> Misc. (List)        | _____                                       |   |                                      |

\_\_\_\_\_  
**Signature of Department Training Coordinator/Chief**

\_\_\_\_\_  
**Date**