

Application for Minimum Firearms Training
(Public Act 79-652 & 84-487)

PLEASE COMPLETE ENTIRE FORM	PLEASE PRINT						
1. Name of Department	2. Department Address 3. Phone No.						
3. Name of Applicant	4. Home Address 5. Phone No.						
6. PTB ID No.	7. Date of Appointment						
8. Date of Birth	9. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary <input type="checkbox"/>						
10.. TYPE OF WEAPON TO BE USED ON DUTY: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30%;">Make:</td> <td style="border: 1px solid black; padding: 2px; width: 30%;">Serial No.:</td> <td style="width: 40%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Model:</td> <td style="border: 1px solid black; padding: 2px;">Caliber:</td> <td style="border: 1px solid black; padding: 2px;">Barrel Length:</td> </tr> </table>		Make:	Serial No.:		Model:	Caliber:	Barrel Length:
Make:	Serial No.:						
Model:	Caliber:	Barrel Length:					
11. I CERTIFY THAT THE ABOVE NAMED APPLICANT IS A POLICE OFFICER OF THE ABOVE NAMED DEPARTMENT FOR THE CITY OR COUNTY OF _____ AND THAT THE APPLICANT WILL ATTEND THE MINIMUM FIREARMS TRAINING COURSE FROM _____ AND THAT THE WEAPON HE/SHE WILL BE TRAINED FOR UNDER THE MINIMUM FIREARMS ACT. THE COUNTY AND/OR CITY ASSUMES ALL LIABILITY AND RELIEVES <i>WEST CENTRAL ILLINOIS CRIMINAL JUSTICE COUNCIL- MTU 9</i> FOR THIS PARTICULAR FIREARMS COURSE OF ALL LEGAL RESPONSIBILITY DUE TO ANY PART OF THIS TRAINING. **Must include copy of Agency - Certificate of Liability Insurance with this application.							
_____ Signature of Sheriff, Chief, or Mayor							
_____ Date							