

CETB FIREARMS ENROLLMENT FORM

Please Note: Print completed form, sign and date it, and FAX or mail directly to the appropriate Training Delivery Contractor. Do not send or fax to PCCD. If you have never successfully completed Act 49 Basic Firearms Training, you must enroll in the 40-Hour Basic Firearms Training.

40-HOUR BASIC FIREARMS TRAINING (Class ID contains "BF" then year "19")

FIRST CHOICE CLASS ID NUMBER:

				B	F	1	9
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LOCATION:

SECOND CHOICE CLASS ID NUMBER:

				B	F	1	9
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LOCATION:

4-HOUR ANNUAL QUALIFICATION (Class ID contains "AF" then year "19")

FIRST CHOICE CLASS ID NUMBER:

				A	F	1	9
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LOCATION:

SECOND CHOICE CLASS ID NUMBER:

				A	F	1	9
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LOCATION:

NAME:

Last

First

MI

Certification Number:

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MAILING
ADDRESS

:

Business Telephone:

Business Fax Number:

Email Address:

APPLICANT'S UNDERSTANDING AND SIGNATURE

I am, as of this date, an active Constable or Deputy Constable and eligible to take this training. Further, I will inform the training school of any changes in my status as a constable or deputy constable that may occur between now and the conclusion of the training program for which I am now registering. By signing my name below, I am stating that the information given on this enrollment form and the above affirmation is true and correct to the best of my knowledge.

Signature of Applicant

Date