

CONSTABLES' EDUCATION AND TRAINING BOARD

Training Enrollment Form
FIREARMS TRAINING

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" and Year)

FIRST CHOICE CLASS ID NUMBER:

				B	F		
--	--	--	--	----------	----------	--	--

LOCATION: _____

SECOND CHOICE CLASS ID NUMBER:

				B	F		
--	--	--	--	----------	----------	--	--

LOCATION: _____

20-HOUR ANNUAL FIREARMS TRAINING (Class ID contains "AF" and Year)

FIRST CHOICE CLASS ID NUMBER:

				A	F		
--	--	--	--	----------	----------	--	--

LOCATION: _____

SECOND CHOICE CLASS ID NUMBER:

				A	F		
--	--	--	--	----------	----------	--	--

LOCATION: _____

20-HOUR ADVANCED FIREARMS TRAINING (Class ID contains "SF" and Year)

FIRST CHOICE CLASS ID NUMBER:

				S	F		
--	--	--	--	----------	----------	--	--

LOCATION: _____

SECOND CHOICE CLASS ID NUMBER:

				S	F		
--	--	--	--	----------	----------	--	--

LOCATION: _____

NAME: _____
Last First MI

CERTIFICATION NUMBER:

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MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____

BUSINESS FAX NUMBER: _____

EMAIL ADDRESS: _____