



Municipal Police Training Committee Firearms Instructor Information Form

Date: _____

Name: _____ Dept.: _____

Home Address: _____ Dept. Address: _____

Phone: _____ Work Phone: _____

Email Address: _____

All certificates are now sent to you by email so it is important that you include a reliable Email address that will allow you to receive attachments.

In addition to Firearms Instructor, please check any related certifications that you hold:

- MPTC Defensive Tactics Instructor
- MPTC Use of Force Instructor
- MPTC Applied Patrol Procedures Instructor
- MPTC Officer Survival Instructor
- Other (indicate below)

Education

- High School Associates Degree Bachelors Degree
- Masters Degree Law Degree Doctorate
- Other _____

List all recent (past 2 years) training that you conducted or assisted in: