

APPLICATION FOR MANDATORY FIREARMS TRAINING

PUBLIC ACT 79-652

Last Name: _____ First Name: _____ M/I: _____

Applicant Address: _____

Applicant Phone #: _____ Applicant Email: _____

Date of Birth: _____ Social Security #: _____

Place of Birth: _____

Employment Status: Full-Time Part-Time Auxiliary

Date of Appointment: _____ Hourly Rate (For Full & Part-Time): \$ _____

Name of Department: _____

Department Address: _____

Department Phone #: _____

Make & Model of Duty Weapon: _____

I certify that the above named applicant is a police officer of the named department for the City/County of _____ and that the applicant will attend the Mandatory Firearms Training Course on _____.

The City or Council assumes all liability and relieves Southwestern Illinois Law Enforcement Commission, Mobile Team #14, the Illinois Law Enforcement Training and Standards Board, all sponsoring agencies, and all participating instructors from all legal responsibility due to any part of this training.

Application must be received 20 days prior to start of training

SIGNATURE
(Chief/Sheriff, Mayor, Village Board President, County Board Chairman)

IMPORTANT NOTICE!!!

Student enrollment **WILL NOT** be considered without ALL of the following:
This completed Application, a copy of completed **Form E, Certificate of Liability Insurance** from the officer's department, the **Statement of Applicant and Copy of Drivers License or Photo ID**

**Return to: Southwestern Illinois Law Enforcement Commission, MTU #14
700 North 5th Street, 2nd Floor
Belleville, IL 62221**