

Police and Correctional Training Commissions

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ANNUAL FIREARMS PROGRAM APPROVAL APPLICATION

RETURN APPROVAL TO:

Agency Name: _____ Agency Code: _____

Contact Name: _____

Telephone: _____

Email: _____

FOR MPCTC USE ONLY:

Approval Period: _____

Date/Approved by: _____

Weapon Score Approval Number: _____

Entered under Weapons Training _____

FIREARMS CLASSROOM

2 HR. FIREARMS CLASSROOM IN-SERVICE CREDIT

(Check box to indicate if requesting 2 hours of in-service credit.
Must have written test with a minimum of 70% for credit).

In-Service Approval Number: _____

Entered under In-service Training

Classroom Instruction: Minimum 2 hours, to include;

1. Legal aspects
 - a. rules for the use of deadly force
 - b. alternatives to the use of deadly force
 - c. emotional, mental and psychological preparation needed for the possibility of a deadly force shooting situation
 - d. judgmental or decision training on the use of deadly force
 - e. criminal, civil, and administrative liability for misuse of deadly force
2. Nomenclature relevant to the firearm for which the training is being given.
3. Care and cleaning of the firearm for which the training is being given.
4. Safe handling and storage of firearms.
 - a. at home
 - b. in a law enforcement facility
 - c. on the firing line
 - d. on patrol
5. Fundamentals of marksmanship and shooting related to the firearm.
6. Explanations and reasons for qualification course of fire.
7. Ballistic properties.
8. Reduced light firing techniques.
9. Malfunction causes and clearing.

Instructor(s): Attach list by name(s) and certification number(s).

Permission to deviate from the required MPCTC Firearm Program should be requested in writing (with explanation), and submitted with said program. MPCTC Regulations require that all Firearms Instructors be certified by MPCTC and that their certification be current. It is not necessary to send any other documentation with this application, however, said documentation should be kept on file within said agency.

I certify that all information provided on this application is true and correct.

Agency Representative Name	Signature	Title	Date
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