

## 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: \_\_\_\_\_

Approval Number: \_\_\_\_\_

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## FIREARMS JUDGMENTAL/DECISION TRAINING

### Training Requirements:

An officer shall annually receive instruction and skills development conducted in the classroom, using firearms simulation, or on a firing line, to enable an individual to: (a) differentiate between threat levels; and (b) respond appropriately to an identified threat.

### Description of Training (must be completed):

**Weapon(s):** \_\_\_\_\_ (if applicable).

**Ammunition:** Authorized by agency or ballistic equivalent (if applicable).

**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.**

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Agency Representative Name

Signature

Title

Date