

ENTRANCE LEVEL FIREARMS RED DOT 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: _____

HANDGUN WITH RED-DOT

Total Program Hours: _____ (35 hours min.)

Classroom: To include: legal aspects (rules for use of DF; alternatives to use of DF; emotional, mental and psychological prep needed for DF shooting situation; judgmental / decision training; criminal, civil, and admin. liability). Nomenclature relevant to the firearm and optic; Care and cleaning of the firearm and optic; Safe handling and storage of firearm (at home, in law enforcement facility, on the firing line, & on patrol); Fundamentals of marksmanship and shooting with firearm and optic; Explanations and reasons for qualification; Ballistic properties; Reduced light techniques; Mechanical operation of weapon and optic; Malfunction causes & clearing. **Introduction to red dot optic.**

Training drills – Finding the dot, sight occlusion, close up techniques, target focus.

Training & Qualification – conducted over a minimum of 3 separate calendar days.

Number of Rounds _____ (1,000 Minimum) **(at least 20% fired with iron sight only)** **Ammunition** – authorized by agency or ballistic equivalent.

Target(s) _____ (human torso or silhouette marked to indicate scoring values with maximum scoring area 725 square inches)

Instructor(s): Attach a list to include name(s) and certification number(s).

Qualification – Day Fire Requires 3 consecutive Day courses of fire. (At least one using Iron Sights only)

Program # of approved day course: _____

Qualification – Night Fire Requires 1 Reduced Light course of fire for each sighting device (Iron Red Dot)

Program # of approved reduced light course: _____

TYPE 3 or 4 LONG GUN (if applicable)

TYPE 3 **Hours** (14 hours Minimum) of classroom, training and qualification. **Total hours:** _____

Rounds (350 Minimum) of ammunition for training and qualification. **Total rounds:** _____

Requires 1 Day course of fire. **Program # of approved day course:** _____

Program # of approved day course Type 3 with Auto: _____

TYPE 4 **Hours** (7 hours Minimum) of classroom, training and qualification. **Total hours:** _____

Rounds (50 Minimum) of ammunition for training and qualification. **Total rounds:** _____

Requires 1 Day course of fire. **Program # of approved day course:** _____

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