

**Maryland Police and Correctional Training Commissions**

6852 4th STREET • SYKESVILLE, MARYLAND 21784 • <https://mpctc.dpscs.maryland.gov>  
(410) 875-3400 • Email: [MPCTCprogramapprovals.dpscs@Maryland.gov](mailto:MPCTCprogramapprovals.dpscs@Maryland.gov)

**ENTRANCE LEVEL 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: \_\_\_\_\_

**TYPE 4 LONG GUN - Shotgun**

**Total Program Hours:** \_\_\_\_\_ (7 hours min.)      **Weapon:** \_\_\_\_\_

**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; Care and cleaning of the firearm; Safe handling and storage of firearm (at home, in law enforcement facility, on the firing line, & on patrol); Fundamentals of marksmanship and shooting; Ballistic properties; Potential situations for which the long gun is intended: Unusual characteristics; Optical sighting devices; Mechanical operation of weapon; Malfunctions causes & clearing.

**Training & Qualification:**

**Number of Rounds:** \_\_\_\_\_ (50 Minimum)      **Ammunition:** Authorized by agency or ballistic equivalent

**Target(s):** \_\_\_\_\_ (Scoring targets, area may not exceed 725 square inches. 725 square inches equals a "B-27" full size target).

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

**Qualification – Program # of agency approved Type 4 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
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