Department of Public Safety and Correctional Services

Police and Correctional Training Commissions

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RETURN APPROVAL TO:

Agency Name: _____

Agency Code: _____

Contact Name: _____

Contact Phone: _____

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FOR MPCTC USE ONLY:

Date: _____

Instructor(s) verified by: _____

INSTRUCTOR NAME	CERT. NUMBER	WEAPON(S)	EXPIRATION DATE

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

Printed Name Signature Email Date