

WEAPON CONVERSION FIREARMS PROGRAM APPROVAL APPLICATION

RETURN APPROVAL TO:

Agency Name: _____ Agency Code: _____

Contact Name: _____

Telephone: _____

Email: _____

FOR MPCTC USE ONLY:

Approval Period: _____

Date/Approved by: _____

Different Type Course Number: _____

Same Type Course Number: _____

CONVERSION – HANDGUN

PRIMARY WEAPON - DIFFERENT TYPE

Weapon from: _____ to _____ (ex. Revolver to Semi-Auto Pistol)

Total Program Hours: _____ (14 hours minimum for classroom instruction and qualification).

Number of Rounds: _____ (400 minimum, authorized by agency or ballistic equivalent).

Classroom (to include): Nomenclature of firearm; care and cleaning of firearm; ballistic properties; mechanical operation of weapon; malfunction causes & clearing malfunctions.

Training Drills (to include): reinforcement of fundamentals; reloading techniques; clearing malfunctions.

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

Qualification – Program # of agency approved day course: _____

Qualification – Program # of agency approved reduced light course: _____

PRIMARY WEAPON - SAME TYPE

Weapon from: _____ to _____ (ex. Revolver to Semi-Auto Pistol)

Total Program Hours: _____ (7 hours minimum for classroom instruction and qualification).

Number of Rounds: _____ (200 minimum, authorized by agency or ballistic equivalent).

Classroom (to include): Nomenclature of firearm; care and cleaning of firearm; ballistic properties; mechanical operation of weapon; malfunction causes & clearing malfunctions.

Training Drills (to include): reinforcement of fundamentals; reloading techniques; clearing malfunctions.

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

Qualification – Program # of agency approved day course: _____

Qualification – Program # of agency approved reduced light 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