

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: _____ Approval Number: _____
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PRIMARY WEAPON – ADD RED DOT

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 red dot; care and cleaning of red dot; fundamentals of marksmanship related to red dot, unusual characteristics, mechanical operation of red dot, malfunction causes & clearing, reduced light techniques.

Training Drills (to include): reinforcement of fundamentals; reloading techniques; clearing malfunctions, finding the dot, sight occlusion, close up techniques, target focusing.

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

Qualification – Day Fire

Program# of agency approved day course: _____

Qualification – Night Fire

Program# of agency approved night 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