

APPLICATION FOR MANDATORY FIREARMS TRAINING

at

(CENTRAL ILLINOIS POLICE TRAINING CENTER MTU #7)

PUBLIC ACT 79-652

Department Name: _____

Department Address: _____

(City, State and Zip Code)

Department Telephone Number: _____

Applicant's Name: _____

(Last Name, First Name, Middle Initial)

Birth Date: _____ Appointment Date _____

Employment Status: Full-time Part-time Auxiliary

PTB# _____ Last 4 SSN# _____

FOID CARD # _____ Expiration Date _____

Duty Weapon: Make _____ Model # _____

***NOTE: ONLY** Factory New or Reputable Factory Reloads **are** authorized for use on the Range. Student enrollment will **not** be considered without this **completed** application **and** copy of **completed** Form E card. Students must be **employed** as either a full-time, part-time or auxiliary officer at a police department. A supervising official of the local government entity or official of the agency involved who has legal power must register the student. (Mayor, Village Board President, County Board Chairman, Chief or Sheriff)

I certify the above named applicant is a police officer of the aforementioned department/agency for the city/county of _____ . The applicant will attend the Mandatory Firearms Training course on the following date(s): _____

The city/county assumes all liability and relieves all sponsoring agencies, all participating instructors and the Central Illinois Police Training Center Mobile Team Unit #7, from all legal responsibility due to any part of this Mandatory Firearms Training.

Administrator of the Agency (Signature)

Date

****MAIL completed** application form and e card, to:

**Central Illinois Police Training Center
Illinois Central College North Campus
5407 N. University Poplar Hall P100A
Peoria, IL 61614**

Phone: 309/690-7350

Revised Form
2/2016