

# APPLICATION FOR MANDATORY FIREARMS TRAINING

at

(CENTRAL ILLINOIS POLICE TRAINING CENTER MTU #7)

PUBLIC ACT 79-652

Department Name: \_\_\_\_\_

Department Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
(City, State and Zip Code)

Department Telephone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Birth Date: \_\_\_\_\_ Appointment Date \_\_\_\_\_

Applicant's Email \_\_\_\_\_ Applicant's Cell# \_\_\_\_\_

Employment Status: Full Time Part Time Auxiliary

PTB# \_\_\_\_\_

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, 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, Coroner, Chief Probation Officer, 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

\*Return completed FORM either: fax 309-690-7359 or hgrove@icc.edu

**Please attached your agencies or  
municipalities Certificate of Insurance**

Revised  
Form 10/2024