

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

Print last name (*print*) first name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date certification expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Year Activity Hours Completed

20

|  |  |  |
| --- | --- | --- |
|  | Option A. Minimum 40 hrs. BLETP Range  OR |  |
|  | Option B. 40 hrs.of approved firearms training that **must** include: low-light drills, multiple target drills, re-loading drills, use of cover, use of force decision making, scenario based training |  |

20

|  |  |  |
| --- | --- | --- |
|  | Minimum 40 hrs. BLETP Range  OR |  |
|  | Option B listed below |  |

20

|  |  |  |
| --- | --- | --- |
|  | Minimum 40 hrs. BLETP Range  OR |  |
|  | Option B listed below |  |

*The certification period is for* ***three (3) years****. During this 3- year period you must A. assist a lead instructor on a BLETP range for a minimum of 40 hours* ***OR*** *B. document a minimum of 40 hours of approved firearms training within the three year period. These 40 hours* ***MUST*** *include: low-light drills, multiple target drills, re-loading drills, use of cover, use of force decision making and scenario based training. See MCJA Specification S-7 for additional information. (Now available on the MCJA web site).*

My signature attests that I have met the minimum standards for re-cert as outlined in MCJA Specification S-7 and am employed as either a full or part-time law enforcement officer or full time corrections officer with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Agency)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature / Date)

I certify that the above training is true and accurate in accordance with MCJA Specification S-7 fulfilling requirements for firearms instructor re-certification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Administrator/Dept. Designee/Firearms Instructor - Date