Firearms Trainer Application

Trainer's Office Location

Select Office Location for Trainer

Select ...

One Year of Experience is Required Required experience must be confirmed to submit this application.

★ I acknowledge having one year of the necessary experience required to submit this application.

v

Applicant Full Name

★ First Name			
Middle Name			
Last Name			
Suffix			

Social Security Number

★ Social Security Number

Enter SSN

Unarmed Guard Trainer Certification Number

★ Unarmed Guard Trainer Certification Number (Trainer ID)

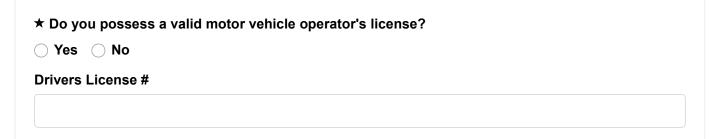
Date of Birth

★ Date of Birth
Enter Date

Demographics

★ Gender	
Select	~
★ Race	
Select	~
★ Military Veteran or Current Servicemember	
◯ Yes ◯ No	
★ Spouse of Active Duty Servicemember	

Drivers License



State Issued

Select ...

Phone Number

Enter Phone Number	
Do not have Primary Pho	Number.

Trainer Email

★ Enter Trainer Email Address

Current Address

★ Address Line 1		
Address Line 2		
★ City		
★ State		
Select		
★ Zip		

×

★ Country	
United States	~
★ County	
✓ Mailing is same address as home.	

Military Status

○ Active ○ Retired ○ Discharged ○ Reserve ○ N/A

Weapon Form Type

★ Weapon Type For This	Form (Only 1 Weapon Type Per Form)	
Select		~

Handgun Weapons

SubType	Make	Model	Serial Number	Caliber	Edit	Delete
Add Weapon						

Long Gun Weapons

Add Weapon		

Range Qualifications

★ Number of Nights to be Invoiced

Company Name

BA			

Company Address

~
~

Company Phone Numbers

★ Company Phone Number Enter Phone Number Company Fax Number Enter Phone Number

Current Position and Duties

\bigstar List current position and duties.

Enter Response

Education and Experience

 \star List education and experience that determines qualification.

Enter Response

Current CJ Standards Firearm Instructor

★ Current CJ Standards Firearm Instructor?

⊖ Yes ⊖ No

Photo of Trainer Applicant

★ One (1) recent color head and shoulders JPEG digital photo. The photo must have been taken in the past five (5) years.

Browse Select file (.jpg, .jpeg, .png)

Liability Insurance Form

Download Form (https://www.ncdps.gov/documents/files/financial-responsibility-liability-insurance-certificate/ open)

★ Current completed liability insurance form.

Browse

Select file (.jpg, .jpeg, .png, .pdf)

Release of Information

★ Signed Release of Information form. Browse Select file (.jpg, .jpeg, .png, .pdf)

Background Questions

Have you ev ★ ◯ Yes	ver been involuntarily dismissed, fired, or allowed to resign in lieu of firing?
-	ver been charged, arrested, convicted, pled guilty or granted a Prayer for Judgement to a nse other than a minor traffic violation?
Have you ev martial? ★ ◯ Yes	ver been convicted of, or pled guilty to, a violation of the UCMJ at a special or general court \bigcirc No
Have you ev revoked? ★ ◯ Yes	ver been denied an occupational license or had an occupational license suspended or

police office ★ ◯ Yes	er? O No
	ver been judged incompetent by a court or committed to a mental health facility for f a mental illness? No
Submit Applica	ation to PPS

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