

# 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.

## 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

☐ Yes ☐ No

## Drivers License

★ Do you possess a valid motor vehicle operator's license?

☐ Yes ☐ No

Drivers License #

### State Issued

Select ...



## Phone Number

### ★ Primary Phone Number

Enter Phone Number

☐ Do not have Primary Phone Number.

### Secondary Phone Number

Enter Phone 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

★ Select 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

SubType

Make

Model

Serial Number

Caliber

Edit

Delete

Add Weapon

## Range Qualifications

★ Number of Nights to be Invoiced

## Company Name

★ Company employed with or Company you will be Certified with

DBA

## Company Address

★ Address Line 1

Address Line 2

★ City

★ State

★ Zip

★ Country

★ County

☒ Mailing is same address as physical.

## Company Phone Numbers

### ★ Company Phone Number

Enter Phone Number

### Company Fax Number

Enter Phone Number

## Current Position and Duties

### ★ List current position and duties.

Enter Response

## Education and Experience

### ★ 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 ever been involuntarily dismissed, fired, or allowed to resign in lieu of firing?

★ ☐ Yes ☐ No

Have you ever been charged, arrested, convicted, pled guilty or granted a Prayer for Judgement to a criminal offense other than a minor traffic violation?

★ ☐ Yes ☐ No

Have you ever been convicted of, or pled guilty to, a violation of the UCMJ at a special or general court martial?

★ ☐ Yes ☐ No

Have you ever been denied an occupational license or had an occupational license suspended or revoked?

★ ☐ Yes ☐ No

Are you currently a sworn court official, a sworn law enforcement officer, or a commissioned company

police officer?

★ ☐ **Yes**    ☐ **No**

Have you ever been judged incompetent by a court or committed to a mental health facility for treatment of a mental illness?

★ ☐ **Yes**    ☐ **No**

Submit Application to PPS

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