

**MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS
FIREARM PROGRAM APPROVAL APPLICATION**

WEAPON CONVERSION – HANDGUN

MPCTC USE ONLY

Check box to indicate

which conversion you are requesting

Approval # / Initials Date

Expires

Department _____

Agency Code _____

Address _____

Contact Person _____

Telephone _____

E – Mail _____

Instructor(s)-Attach list by name and certification number

PRIMARY WEAPON – DIFFERENT TYPE

Weapon from _____ **to** _____

Hours _____ (14 hours minimum for classroom instruction, training and qualification)

Number of Rounds _____ (400 rounds minimum, authorized by agency or ballistic equivalent)

Classroom – to include (a) nomenclature of firearm (b) care and cleaning of firearm (c) ballistic properties (d) mechanical operation of firearm (e) malfunction causes and clearing

Training Drills – to include (a) reinforcement of fundamentals (b) reloading techniques (c) clearing malfunctions.

Qualification - Day Fire

Program # of agency approved day course _____

Qualification – Night Fire

Program # of agency approved reduced light course _____

PRIMARY WEAPON – SAME TYPE

Weapon from _____ **to** _____

Hours _____ (7 hours minimum for classroom instruction, training and qualification)

Number of Rounds _____ (200 rounds minimum, authorized by agency or ballistic equivalent)

Classroom – to include (a) nomenclature of firearm (b) care and cleaning of firearm (c) ballistic properties (d) mechanical operation of firearm (e) malfunction causes and clearing

Training Drills – to include (a) reinforcement of fundamentals (b) reloading techniques (c) clearing malfunctions.

Qualification - Day Fire

Program # of agency approved day course _____

Qualification – Night Fire

Program # of agency approved reduced light course _____

Instructor(s)-Attach list by name and certification number

Permission to deviate from the required MPCTC Firearms Program should be requested in writing (with explanation), and submitted with said program. MPCTC Regulations require that all Firearms Instructors be certified by MPCTC and that their certification be current. It is not necessary to send any other documentation with this application, however, said documentation should be kept on file within said agency.

I certify that all information provided on this application is true and correct.

Printed Name

Signature

Title

Date