

FIREARMS TRAINING FACILITY

REQUEST FOR TRAINING DATES

(F.T.F. Use Only)

Approved – Scheduled

Rejected – Not Scheduled
(reason): _____

Date: _____

Instructions for filling out form:

1. Prior to submission, telephone the facility (410-552-6300) to inquire if the date(s) requested are available
2. **Submit one form for each training date.**
3. Make a copy for your records
4. Send original to: Firearms Training Facility, fax to 410-552-4615

Agency Name & Full Address: _____

Agency Telephone No.: _____

Contact Person / Requestor: _____

Contact Person / Requestor Telephone No: _____

E-Mail address: _____

Type of training to be conducted: _____

Night Fire training is allowed in January, February, March, November & December – ONLY

Desired Date: _____ Times of training: Arrival _____ Departure _____

2nd Choice: _____ Times of training: Arrival _____ Departure _____

Number of students: _____

Area of Facility requested:

_____ 50 yard 16 positions Pistol Range

_____ 25 yard 16 positions Pistol Range

_____ Rifle Range

_____ Decision Range

_____ Classroom

_____ 50 yard 11 positions Pistol Range

_____ 25 yard 11 positions Pistol Range

_____ MILO Judgmental Simulator

Equipment needed / requested:

_____ Television

_____ Overhead projector

_____ V C R

_____ Power Point

_____ Trigger Gun System

_____ Bristolcone System

_____ Less Lethal Equip.

_____ Leather gear

_____ Eye Protection

_____ Hearing Protection

_____ Weapon(s) what type _____

_____ Misc. (List) _____

Signature of: Authorized FTF User / Training Coordinator / Chief

Date