

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

ENTRANCE LEVEL PROGRAM

MPCTC USE ONLY

Type 2 Long Gun

(not intended for counter sniper)

Optical sighting device – greater than 4 power

Approval # / Initials Date

Expires

Department _____

Agency Code _____

Address _____

Contact Person _____

Telephone _____

E – Mail _____

Total Hours _____ (35 hours Minimum)

Weapon _____

Classroom: To include: legal aspects (rules for use of DF; alternatives to use of DF; emotional, mental and psychological prep needed for DF shooting situation; judgmental / decision training; criminal, civil, and admin. liability). Nomenclature relevant to the firearm; Care and cleaning of the firearm; Safe handling and storage of firearm (at home, in law enforcement facility, on the firing line, & on patrol); Fundamentals of marksmanship and shooting; Ballistic properties; Potential situations for which the long gun is intended: Unusual characteristics; Optical sighting devices; Mechanical operation of weapon; Malfunctions causes & clearing.

Training & Qualification

Number of Rounds _____ (350 Minimum)
equivalent

Ammunition – authorized by agency or ballistic

Target _____ (Scoring targets, area may not exceed 183 square inches. 183 square inches equals a “TQ-19 Target or 8, 9 and 10 ring of a B-27 target)

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

Qualification:

Program # of your agency approved Type 2 day course _____

OR

Program # of your agency approved Type 2 with automatic capability day course _____

Permission to deviate from the required MPCTC Firearm 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