**FIREARMS TRAINING FACILITY**

**REQUEST FOR TRAINING DATES**

(F.T.F Use Only) Approved – Scheduled Rejected – Not Scheduled (reason):

Date: Rooming’it entered - ⬜

**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: jamiel.green@maryland.gov or gregorya.cullison@maryland.gov

**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**

**Number of students:**      

**Area of Facility requested:  Classroom**

**50 yard 16 positions Pistol Range  50 yard 11 positions Pistol Range**

**25 yard 16 positions Pistol Range  25 yard 11 positions Pistol Range**

**Decision Range  MILO Judgmental Simulator**

**Rifle Range – 7:30 to 11:30  Rifle Range – 11:30 to 3:30**

**Equipment needed / requested:**

**Television  Overhead projector  VCR  PowerPoint**

**Trigger Gun System  Bristlecone 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**

**Revised: 2024 February**