



# Private Security – Firearms Certificate Training Roster

Private Security Guards, Private Investigators, Bail Bond Recovery Agents

- Instructors are required to **email** completed rosters to [pspi@cjtc.wa.gov](mailto:pspi@cjtc.wa.gov) within 72 hours of completion of every training.
  - See Page 2 for required document naming; if named improperly, form will be returned.
- ONLY** PS Certified Firearms Instructors for WSCJTC can complete this roster form. Instructors **Sign** and **Date** roster.
- Forms should be typed; illegible or incomplete forms will be returned.

## Check One (only **ONE** Class Type per Roster)

<input type="checkbox"/> <b>8-hour Firearms Certificate Initial Training</b> ( <i>DOL Unarmed Security Guard (PS), Private Investigator (PI), or CPL (BBRA)</i> )		<input type="checkbox"/> <b>Qualification ONLY</b>				
<input type="checkbox"/> <b>4-hour Firearms Certificate Renewal Training</b> ( <i>DOL Armed License Number REQUIRED for renewal</i> )						
	Last Name, First Name Email address	DOL License # as above.	Agency (and Branch if Multiple Locations) (No Acronyms)	Firearm Make/Model	Firearm Caliber	Score (Min 294)
1						
2						
3						
4						
5						

## Training Information

<b>Date of Training</b>	<b>City Training Held In</b>	<b>Range Name</b>
<b>Instructor Email</b>	<b>Additional Instructor Names</b>	
<p><b>By my signature below, I hereby attest that I have reviewed WACs 139-30-015, 139-35-015, and 139-33-015 as well as the program correspondence dated 05/25/2023 regarding eligibility to participate in the firearms certificate process. Furthermore, I have visually inspected the security guard card; private investigator license; or for BBRA, a concealed pistol license.</b></p>		
<b>Instructor Printed Name</b>	<b>Instructor Signature (Must be handwritten)</b>	<b>Date</b>
<b>Class Notes:</b>		

## **Instructions for submitting this form to the WSCJTC:**

All forms are to be emailed in a PDF format using the following naming:

- **Initial** – Initial Roster – Instructor Name – Date of Qualification:
  - *Initial Roster – Tyler - 8-13-2022*
- **Renewal** – Renewal Roster – Instructor Name – Date of Qualification:
  - *Renewal Roster – Tyler - 9-1-2022*
- **Qualification Only** – Qualification Roster – Instructor Name – Date of Qualification:
  - *Qualification Roster – Tyler - 9-15-2022*

Please note, if forms are submitted in any format other than PDF, named incorrectly, incomplete, or illegible, they will not be processed and returned for resubmission.

For questions, please contact [pspi@cjtc.wa.gov](mailto:pspi@cjtc.wa.gov).