



# Application – PS/PI/BBRA Firearms Instructor Courses

Instructions are on page 2

Applicant Information (Must be legal name)						
Last Name	First Name	M.I.	Social Security Number			
DOB (MM/DD/YYYY)	Gender		Applicant's Email Contact:			
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X					
<b>Choose one:</b>	I am currently employed by: <input type="checkbox"/> a security company, <input type="checkbox"/> law enforcement agency, <input type="checkbox"/> firearms training company, or <input type="checkbox"/> other entity firearms instructor: (explain)					
Applicant Background Check						Initials
By handwriting my initials, I authorize the Washington State Criminal Justice Training Commission to conduct a background check with any governmental or law enforcement agency, which may include the release of any relevant information, files, or records.						
Sponsoring Company Information						
Company Name	Hire Date	Company Contact Name		Company Contact Phone:		
Company Address (Street or PO Box, City, State, and Zip Code)				Company Contact Email:		
Billing Address, if different than above						
Course Information – PS/PI/BBRA Firearms Training - Select Requested Course						
<input type="checkbox"/> 2322 – PS Handgun Instructor Course Dates/Location: Cost: See Course			<input type="checkbox"/> 2320 – PS Handgun Instructor – Recertification Course Dates/Location: Cost: See Course			
<input type="checkbox"/> 2321 – PS Shotgun Instructor Course Dates/Location: Cost: See Course <i>Prerequisite:</i> Course 2320/2322 - Completed:			<input type="checkbox"/> 2323 – PS Shotgun Instructor – Recertification Course Dates/Location: Cost: See Course			
<input type="checkbox"/> 2324 – PS Rifle Instructor Course Dates/Location: Cost: See Course <i>Prerequisite:</i> Course 2320/2322 - Completed:			<input type="checkbox"/> 2325 – PS Rifle Instructor – Recertification Course Dates/Location: Cost: See Course			
<input type="checkbox"/> 2326 – Scoped Rifle Instructor Course Dates/Location: Cost: See Course <i>Prerequisite:</i> Course 2320/2322 - Completed:			<input type="checkbox"/> 2328 – Optional – PS Instructor Qualification Course Dates/Location: Cost: \$100			
WSCJTC USE ONLY						
Approved	Registered	Accepted	Wait listed	Denied	Cancelled	Date Bill sent:
<b>Comments:</b>						

## Instructions:

Except for handwritten initials, the remainder of this form must be typed.

- **Handwritten forms will be returned.**

### Applicant Information:

- For applications to be considered, the applicant must:
  - Be employed by a security company, law enforcement agency, firearms training company, or other entity firearms instructor.
    - If “other entity firearms instructor,” applicant must explain.

### Sponsoring Company:

- This is the information related to the sponsoring company, this company will be billed for the tuition.

### Tuition:

- Do not pre-pay, staff will send an invoice to your sponsoring company once you are accepted, and the course begins.

### How to submit application:

*Do not email this form; they will not be processed.*

- **Electronic submission only:**
  - In a **PDF format** upload to PSPI Document Drop Box Link: [SUBMIT HERE \(https://crtc.app.box.com/f/26c2ba0698a4493cb987f5b1444021d5\)](https://crtc.app.box.com/f/26c2ba0698a4493cb987f5b1444021d5)
    - Forms in any format that is not PDF, will be automatically rejected and/or returned for resubmission.

For questions, please contact program staff as [pspi@crtc.wa.gov](mailto:pspi@crtc.wa.gov).