



WASHINGTON STATE CRIMINAL JUSTICE TRAINING COMMISSION

ACTIVE PS CERTIFIED FIREARMS INSTRUCTOR POLICY ACKNOWLEDGEMENT – FORM PS01

Name	
Company Name	
Mailing Address	
City, ST ZIP	
Phone	
Business Email	
Alternate Email	
Instructor Mo/Year Expiration (Renewal Due)	
Law Enforcement; Corrections; Tribal Agency Employer Name and Contact Email	

As an active Private Security Certified Firearms Instructor for WSCJTC, I will uphold the program policies and procedures as outlined by the Washington State Criminal Justice Training Commission, administrators of the program. I will follow all legislative requirements that include RCW, WAC, and anything provided by the Commission to carry out my duties as an instructor. To that end,

I will: (initial all lines)

_____ 1. Notify the Commission of a change in my status as an instructor when there has been a change that precludes me from owning or possessing a firearm.

_____ 2. Notify the Commission when my status as an instructor, guard, investigator, recovery agent, business entity, or other, is suspended and/or under investigation.

_____3. Notify the Commission if my instructor status has been suspended or revoked by another state regulatory body.

_____4. Immediately remove all representation that specifies I am currently a Private Security Certified Firearms Instructor for WSCJTC from all media I use when my instructor certification lapses, I leave, am terminated, or am revoked as an instructor from the program.

_____5. Make sure my instructor contact information is updated and current (within 10 days of change) my status remains active.

_____6. I am licensed and insured, as applicable, to be an instructor for this program. I carry at least \$1 million dollars in liability insurance coverage for my business if that applies. A certificate of insurance may be requested by WSCJTC at any time during my active instructor status.

_____7. I understand that any status changes that adversely affect my role as a PS Certified Firearms Instructor for WSCJTC will be subject to public disclosure.

_____ (Signature)

_____ (Printed Name)

_____ Date

Reviewed:

Firearms Certificate Program Manager Signature/Date