

# APPLICATION FOR MANDATORY FIREARMS TRAINING

PUBLIC ACT 79-652

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Employment Status: Full-Time  Part-Time  Auxiliary

Date of Appointment: \_\_\_\_\_ Hourly Rate (For Full & Part-Time): \$ \_\_\_\_\_

Name of Department: \_\_\_\_\_

Department Address: \_\_\_\_\_

Department Phone #: \_\_\_\_\_

Make & Model of Duty Weapon: \_\_\_\_\_

I certify that the above named applicant is a police officer of the named department for the City/County of \_\_\_\_\_ and that the applicant will attend the Mandatory Firearms Training Course on \_\_\_\_\_.

The City or Council assumes all liability and relieves Southwestern Illinois Law Enforcement Commission, Mobile Team #14, the Illinois Law Enforcement Training and Standards Board, all sponsoring agencies, and all participating instructors from all legal responsibility due to any part of this training.

**Application must be received 20 days prior to start of training**

\_\_\_\_\_  
SIGNATURE  
(Chief/Sheriff, Mayor, Village Board President, County Board Chairman)

## **IMPORTANT NOTICE!**

Student enrollment **WILL NOT** be considered without **ALL** of the following:

This **completed Application**, a copy of completed **Form E, Certificate of Liability Insurance** from the officer's department, the **Statement of Applicant** and **Copy of Drivers License or Photo ID & Copy of FOID Card**

E-mail completed forms to: [connor@silec.org](mailto:connor@silec.org)

Or Mail to: SILEC— MTU #14  
2300 West Main St., Suite D-100  
Belleville, IL 62226