

MONTANA BOARD OF PRIVATE SECURITY

301 South Park
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2348 FAX (406) 841-2309
EMAIL: dlibsdp@mt.gov
WEB SITE: www.privatesecurity.mt.gov

CERTIFIED FIREARMS INSTRUCTOR INSTRUCTIONS (application follows)

Please allow 21 to 30 days to process a complete application from the time it is received in the board office. If the application is incomplete or fingerprints are rejected, the application process will be delayed.

FEES FOR LICENSURE:

| | |
|----------------------------|-----------------|
| Application fee | \$100.00 |
| Fingerprint Processing Fee | <u>\$ 32.00</u> |
| Total: | \$132.00 |

Make check or money order payable to the Montana Board of Private Security
Application fees are non-refundable

DO NOT SEND CASH

LICENSING REQUIREMENTS:

- ✓ Applicants must be at least 18 years of age
- ✓ Applicants must be a citizen or legal permanent resident of the United States
- ✓ Applicants must have successfully completed a NRA shooting class and course or other instruction approved by the board
- ✓ Applicants must include a complete copy of their training manual/curriculum, which would include classroom instruction and shooting range instruction
- ✓ Applicants must include a detailed outline of the course to be provided, dates where the course will be offered, length of the course, an estimate of the maximum number of persons who can be accommodated and a description of the facility to be used
- ✓ Applicants must submit completed application form and fees
- ✓ Applicants must submit completed fingerprint card
- ✓ Applicants must submit a full-face passport-type photograph of head and shoulders with signature in space provided
- ✓ Applicants must submit proof of firearms training education / experience
- ✓ Applicants must list employment History
- ✓ Applicants must include a copy of their written examination

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CERTIFIED FIREARMS INSTRUCTOR APPLICATION

Fees for licensure:

| | |
|----------------------------|-----------------|
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| Fingerprint Processing Fee | <u>\$ 32.00</u> |
| Total: | \$132.00 |

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Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Height _____ Weight _____ Eyes _____ Hair _____

Date of Birth _____

E-mail Address _____

Please indicate your preferred mailing address

___ Home

___ Business

Personal Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

All applicants must answer the following questions.

If you answer **YES**, attach a detailed explanation identifying **each occasion, the date and substance of the allegation, all agency documents, orders, final orders, stipulations and consent and/or settlement agreements.**

If you fail to include the above-referenced information in its entirety, the processing of your application may be substantially delayed.

- 1. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?..... Yes No
- 2. Has your license ever been forfeited or surrendered? Yes No
- 3. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?.. Yes No
- 4. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation?..... Yes No
- 5. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? Yes No
- For questions 6 – 13, you may omit charges and convictions prior to your 16th birthday*
- 6. Do you have criminal charges pending? Yes No
- 7. Have you ever pled guilty? Yes No
- 8. Have you ever been convicted of a crime?..... Yes No
- 9. Have you ever entered a plea of no contest or nolo contendere? Yes No
- 10. Have you ever had a deferred prosecution? Yes No
- 11. Have you ever had a suspended sentence? Yes No
- 12. Do you have an appeal pending? Yes No
- 13. Have you ever been convicted of any type of DUI (per se, or otherwise)? Yes No
- 14. Have you ever been charged with fraud, formally or informally, in any civil proceeding? Yes No
- 15. Have you any physical or mental condition which has adversely affected your ability to practice this profession/occupation? Yes No
- 16. Have you ever used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation? Yes No
- 17. Have you had any traffic violations in the past five years. If yes, list all violations..... Yes No
You may omit traffic violations for which you paid a fine of \$100 or less.
- 18. Are you a citizen or legal permanent resident of the United States..... Yes No
- 19. Do you currently hold any type of professional license in Montana or another state? Yes No

If "Yes", provide the following information:

| State/Province/Territory | License # | Date Issued | Is License Current | Type of License |
|--------------------------|-----------|-------------|--------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List your firearms training and or education: (include copies of all certificates, transcripts, etc.)

Describe firearms courses you have instructed: (list type of course, when & where course was given, etc.)

Is there a firearm range available to you to provide firearms training and qualification?..... Yes No

If "Yes", list range location, name of organization / person owning the range and person who controls range:

List the last five years of your employment history below:

List three references below (name, address, and phone number):

Have you included a passport-type photo of yourself with this application? Yes No

Have you included your proposed training course curriculum and examination?..... Yes No

Have you included proof of your firearms training/education/experience?..... Yes No



Signature required on above line (for ID card)