

PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY
CONSTABLES' EDUCATION AND TRAINING BOARD

40-Hour Basic Firearms Enrollment Form

PLEASE NOTE: PRINT COMPLETED FORM, SIGN AND DATE IT. PLEASE MAIL DIRECTLY, ALONG WITH PAYMENT (PAYABLE TO PCCD), AND HANDGUN REGISTRATION FORM to the PCCD, BUREAU OF TRAINING SERVICES (ATTN: TRACY BEAVER), PO BOX 1167, HARRISBURG, PA 17108-1167. PAYMENT MUST BE SUBMITTED BEFORE YOU WILL BE ENROLLED INTO CLASS. QUESTIONS CAN BE DIRECTED TO TRACY BEAVER AT TRABEAVER@PA.GOV OR 717-265-8552.

FIRST CHOICE CLASS ID NUMBER:

					B	F		
--	--	--	--	--	----------	----------	--	--

LOCATION: _____

SECOND CHOICE CLASS ID NUMBER:

					B	F		
--	--	--	--	--	----------	----------	--	--

LOCATION: _____

NAME:

Last

First

MI

Certification Number:

--	--	--	--	--	--	--	--

MAILING
ADDRESS: _____

Business Telephone: _____

Email Address: _____

APPLICANT'S UNDERSTANDING AND SIGNATURE

I am, as of this date, an active Constable or Deputy Constable and eligible to take this training. Further, I will inform the training school of any changes in my status as a constable or deputy constable that may occur between now and the conclusion of this training program for which I am requesting to be enrolled. By signing my name below, I am stating that the information given on this enrollment form and the above affirmation is true and correct to the best of my knowledge.

Signature of Applicant

Date

Program Staff Use Only:

Liability Insurance: ___ Yes ___ No

Class Payment: ___ Yes ___ No

Background Check Complete: ___ Yes ___ No

Handgun Registration Form: ___ Yes ___ No

Enrollment # _____

Date Enrolled: _____

Program Staff: _____