

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

5-Hour Annual Firearms Enrollment Form

PLEASE NOTE: PRINT COMPLETED FORM, SIGN AND DATE IT, AND EMAIL OR MAIL DIRECTLY TO THE APPROPRIATE TRAINING DELIVERY CONTRACTOR. DO NOT SEND TO PCCD.

5-HOUR ANNUAL FIREARMS QUALIFICATION (Class ID contains "AF" then year "##")

FIRST CHOICE CLASS ID NUMBER:

				A	F		
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LOCATION: _____

SECOND CHOICE CLASS ID NUMBER:

				A	F		
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LOCATION: _____

NAME: _____

Last

First

MI

Certification Number:

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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 the 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