

Contract Security Company Authorized Trainer Reporting Form

Company Information

Contract Security Company Name: _____

Contract Security Company DBA: _____

Contract Security Company DOPL License No: _____

Qualifying Agent Name: _____

Training Program Information

Name of Person Responsible for Training Program/Program Director: _____

Name of Training Program Used: _____

Is The Training Program Used: Company Owned Third Party Owned

If Company Owned, Date Program Was Last Approved by DOPL: ____/____/____

If Third Party Owned, Date Current User Agreement Was Signed: ____/____/____

Authorized Trainers for Basic Instruction

Name: _____ DOPL License No: _____

Name: _____ DOPL License No: _____

Name: _____ DOPL License No: _____

Name: _____ DOPL License No: _____

Use Additional Sheets if Necessary

Authorized Trainers for Firearms Instruction

Name: _____ DOPL License No: _____

Currently Holds POST Firearms Instructor Certification Yes No

Currently Hold NRA Firearms Instructor Certification Yes No

Name: _____ DOPL License No: _____

Currently Holds POST Firearms Instructor Certification Yes No

Currently Hold NRA Firearms Instructor Certification Yes No

I certify that the above information is correct and that the trainer(s) listed above is/are qualified to teach this approved training program with this company. I further certify that the approved training program used by this company is being taught in its entirety.

Signature of Program Director or QA: _____ **Date:** ____/____/____