

**Contract Security Company Un-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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Un-Authorized Trainer for Basic Instruction**

Name: \_\_\_\_\_ DOPL License No: \_\_\_\_\_

Reason individual listed above is no longer approved to train with your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Use Additional Sheets if Necessary**

**Un-Authorized Trainer for Firearms Instruction**

Name: \_\_\_\_\_ DOPL License No: \_\_\_\_\_

Reason individual listed above is no longer approved to train with your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that the above information is correct and that the trainer listed above is no longer approved to teach this training program with this company. I further certify that the approved training program used by our company is being taught in its entirety.**

**Signature of Program Director or QA: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**