

## CERTIFICATION OF TRAINING PROGRAMS

*If applying by endorsement, see the checklist at the end of this application for additional information.*

### APPROVED BASIC EDUCATION TRAINING PROGRAM:

(To be completed by the Authorized Trainer.)

Required for ALL Security Officer license types.

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Name: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_ Trainer Email: \_\_\_\_\_

Total Course Hours: \_\_\_\_\_ Exam Score%: \_\_\_\_\_

Date Course Completed: \_\_\_\_\_

#### Authorized Basic Education Trainer Attestation

I certify that the above-named applicant has successfully completed a Division Approved Basic Education Training Program, as set forth in [Utah Admin. Code R156-63a-603](#) and [Utah Admin. Code R156-63b-603](#). I further certify that I am an Authorized Trainer on file with the Division.

Signature of Authorized Trainer: \_\_\_\_\_ Date: \_\_\_\_\_

### CERTIFICATION OF INITIAL FIREARMS TRAINING PROGRAM

(To be completed by the Authorized Trainer.)

For ARMED and ARMORED CAR APPLICANTS ONLY.

Program Name: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_ Trainer Email: \_\_\_\_\_

Total Classroom Hours: \_\_\_\_\_ Classroom Score%: \_\_\_\_\_

Date Classroom Completed: \_\_\_\_\_

Total Range Hours: \_\_\_\_\_ Range Score%: \_\_\_\_\_

Date Range Completed: \_\_\_\_\_

#### Authorized Firearms Trainer Attestation

I certify that the above-named applicant has successfully completed a Division Approved Firearms Training Program, as set forth in [Utah Admin. Code R156-63a-604](#) and [Utah Admin. Code R156-63b-604](#). I further certify that I am an Authorized Firearms Trainer on file with the Division.

Signature of Authorized Trainer: \_\_\_\_\_ Date: \_\_\_\_\_