

CETB FIREARMS ENROLLMENT FORM

Please Note: Print completed form, sign and date it, and FAX or mail directly to the appropriate Training Delivery Contractor. Do not send or fax to PCCD. If you have never successfully completed Act 49 Basic Firearms Training, you must enroll in the 40-Hour Basic Firearms Training first. If you are enrolling in to the 40-Hour Basic Firearms Training, please complete the form and fax, email or mail directly to the PCCD at Fax 717-783-7140; email trabeaver@pa.gov or Mail: Bureau of Training Services, PO Box 1167, Harrisburg, PA 17108-1167. Payment must be submitted before you will be enrolled into the Basic Firearms.

40-HOUR BASIC FIREARMS TRAINING (CLASS ID CONTAINS “BF” THEN YEAR “##”).

FIRST CHOICE CLASS ID NUMBER:					B	F		
LOCATION:	_____							
SECOND CHOICE CLASS ID NUMBER:					B	F		
LOCATION:	_____							

5-HOUR ANNUAL FIREARMS QUALIFICATION (Class ID contains “AF” then year “##”).

FIRST CHOICE CLASS ID NUMBER:					A	F		
LOCATION:	_____							
SECOND CHOICE CLASS ID NUMBER:					A	F		
LOCATION:	_____							

NAME:	Last	First	MI								
Certification Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;"> </td> <td style="width: 12.5%; text-align: center;"> </td> <td style="width: 12.5%; text-align: center;"> </td> <td style="width: 12.5%; text-align: center;"> </td> <td style="width: 12.5%; text-align: center;"> </td> <td style="width: 12.5%; text-align: center;"> </td> <td style="width: 12.5%; text-align: center;"> </td> <td style="width: 12.5%; text-align: center;"> </td> </tr> </table>										
MAILING ADDRESS:	_____										
Business Telephone:	_____										
Business Fax:	_____										
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 now registering. 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
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