

CERTIFICATE OF SUCCESSFUL COMPLETION OF GUARD TRAINING Page 1

[Statutory Authority: T.C.A. §62-35-118 Administrative Rule 0780-5-2-.15]



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1158
PHONE (615) 741-6382 FAX (615)-532-2965

Applicant's Last Name First Name Middle Initial / / /
Social Security Number

Applicant for: UNARMED GUARD REGISTRATION ARMED GUARD REGISTRATION

I hereby certify that the referenced applicant who has submitted an application to the State of Tennessee has successfully completed training in the following required area(s). I also certify that the training was personally administered by myself or my State acknowledged assistant, _____ under my supervision.

CLASSROOM TRAINING:

Four (4) hours of general training as prescribed by T.C.A. 62-35-118 and successful completion of a written examination.

Trainer's Last Name First Name Middle Initial

Facility Name Day-time Phone Number _____
Training Completion Date

Street Address _____
Examination Score

City State Zip E-mail Address (If Available)

The referenced applicant did not complete the classroom training and is submitting the attached documentation as proof of prior training.

Signature of Certified Trainer Area Code/Phone Number Certification Number Exp Date

CLASSROOM TRAINING:

Eight (8) hours of classroom training in the use of firearms as prescribed by T.C.A. §62-35-118(b)(1), and successful completion of written examination.

Trainer's Last Name First Name Middle Initial

Facility Name Day-time Phone Number _____
Training Completion Date

Street Address _____
Examination Score

City State Zip E-mail Address (If Available)

Weapon Make Model Caliber

The referenced applicant did not complete the classroom training and is submitting the attached documentation as proof of prior training.

Signature of Certified Trainer Area Code/Phone Number Certification Number Exp Date

Applicant's Last Name First Name Middle Initial / / /
Social Security Number

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MARKSMANSHIP TRAINING:

Four (4) hours of marksmanship firing range training as prescribed by T.C.A. §62-35-118(b)(2).

NOTE:
If this individual changes weapons he/she **MUST** complete this four (4) hour block again in the use of the new weapon, and a new completed training form must be submitted.

Trainer's Last Name First Name Middle Initial

Facility Name Day-time Phone Number

Street Address

City State Zip E-mail Address (If Available)

Weapon Make Model Caliber

Training Completion Date Marksmanship Percentage Score [Required] %

The referenced applicant did not complete the marksmanship training and is submitting the attached documentation as proof of prior training.

Signature of Certified Trainer Area Code/Phone Number Certification Number Exp Date

ARMED RENEWAL TRAINING: [Complete additional form(s) for multiple weapons, or change of weapon.]

Guard Last Name First Name Middle Initial Registration # Social Security Number

I hereby certify and declare that the referenced armed guard has received the required four (4) hour classroom training as prescribed by T.C.A. § 62-35-122(d)(1), and has returned to the firing range to requalify in the use of this firearm as prescribed by T.C.A. § 62-35-122(d)(2) by achieving a minimum score of 70% on an approved silhouette target course.

Weapon Make Model Caliber

CLASSROOM RENEWAL TRAINING:

FIRING RANGE RENEWAL TRAINING:

Trainer's Last Name First Name Middle Initial Trainer's Last Name First Name Middle Initial

Facility Name Facility Name

Street Address Street Address

City State Zip City State Zip

Training Completion Date Examination Score Training Completion Date Target Percentage Score %

Trainer Signature Area Code/Phone # Trainer Signature Area Code/Phone #

Trainer State Certification # Expiration Date Trainer State Certification # Expiration Date

As a State Certified Trainer, you are obligated to inform this office of ANY reason that, in your opinion, the referenced applicant should not be registered or renewed as an Armed or Unarmed Guard. Please use the space below for comments, observations, evaluations, physical disabilities and/or recommendations you may have.