



**PROGRAM CERTIFICATION APPLICATION**

(Please Neatly Print or Type the Requested Information)

**The following information must be completed to have your application reviewed for MCOLES certification of the 8-hour pistol safety training course pursuant to P.A. 381 of 2000.**

|                          |        |                   |      |
|--------------------------|--------|-------------------|------|
| Primary Instructor Name: | SSN:   | Application Date: |      |
| Agency/Location:         |        | Phone Number:     |      |
| Address:                 |        | Fax Number:       |      |
| City:                    | State: | MI                | Zip: |

**Application Procedure:**

1. Complete and submit this form along with the following:
  - A. A letter shall be submitted with the application, signed by the chief administrative officer of the law enforcement agency or the Director of the basic police training location that is requesting the certification. This letter shall include a statement that:
    - 1) identifies the primary instructor by name and social security number,
    - 2) requests MCOLES certification of the *8-hour pistol safety training course*,
    - 3) verifies the firearm range to be utilized for the training, meets or exceeds MIOSHA and NRA Standards, and
    - 4) the instructor will be teaching on behalf of the organization.
  - B. The course lesson plan shall be attached to the application.
  - C. Submit a sample of the “student” certificate that indicates successful completion of the program.
2. Return this application with attachments to **MCOLES, Career Development Section, 927 Centennial Way, PO Box 30633, Lansing, MI 48909.**
3. Upon receipt of the application, Commission staff will review the documentation to verify compliance with the requirements of P.A. 381 and the MCOLES.
4. Providing all MCOLES and P.A. 381 requirements have been met, a certificate and certification number will be issued to the agency or training location which states that the program is an MCOLES certified 8-hour pistol safety training course.

|                                       |             |
|---------------------------------------|-------------|
|                                       |             |
| <b>Agency Head/Director Signature</b> | <b>Date</b> |

|                            |  |       |                     |
|----------------------------|--|-------|---------------------|
| Date Application Received: | <input type="checkbox"/> <b>Approved</b> | By:   |                     |
| <b>MCOLES USE ONLY</b>     | <input type="checkbox"/> <b>Denied</b>   | Date: | Certificate Number: |