



INSTRUCTOR CERTIFICATION APPLICATION

(Please Neatly Print or Type the Requested Information)

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

Name:	MCOLES Number:	Application Date:	
Agency/Location:		Phone Number:	
Address:		Email Address:	
City:	State:	MI	Zip:

- I am a current former MCOLES licensed law enforcement officer.
 - If a former licensed MCOLES officer, list the last agency you separated from:

Date:	Agency:
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- I certify that I have not been terminated, allowed to resign in lieu of termination, or asked to leave employment by any law enforcement agency, or dishonorably discharged from the military. Initial _____
- I certify that I have not been convicted of a felony or any offense listed in P.A. 381, 2000 that would make me ineligible to obtain a CPL license. Initial _____
- List or attach your resume that details your initial firearm instructor training and subsequent professional development related to firearm training, use of force, instructor development, etc. (attach additional sheet(s) if necessary)

COURSE TITLE*	DATE	LENGTH IN HOURS	TRAINING PROVIDER

* Attach copy of training certificate or other proof of successful completion.

- Attach a letter(s) signed by the chief administrator of the law enforcement agency or director of the basic training location you will be instructing for. The letter must include the following information:
 - identifies you by name and MCOLES number,
 - indicates that you are an employee of the agency or training location,
 - you are a firearm instructor for that organization,
 - you have demonstrated the ability to present firearm training curriculum, and
 - requests you be licensed to *teach the 8-hour pistol safety training course* on behalf of the organization,
 - include separate letters from the employing agency and approved CPL training program if different.
- Submit a copy of your lesson plan that is based upon the law and MCOLES training objectives.
- Return the application/attachments to **MCOLES, Career Development Section, 927 Centennial Way, Lansing, MI 48909**

Applicant Signature	Date

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