

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING FIREARMS TRAINING PROGRAM VERIFICATION

SECTION A - APPLICANT **Step 1:** Complete and sign Section A. **Step 2:** Provide form to firearms trainer to complete and sign Section B. **Step 3:** Provide form to your employer to complete and sign Section C. **Step 4:** Upload fully completed form, with all required signatures, into your LicensE application, <https://license.wi.gov/>.

Applicant Last Name	First Name	MI	Former / Maiden Name(s)

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form. I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further attest that I have read and understand the legal firearm discharge requirements in [Wis. Admin. Code § SPS 34.06](#). By signing below, I affirm that I have read and understand the above declarations.

Applicant Signature (If unable to provide a digital signature print and sign form.)	Date (mm/dd/yyyy)	Application Number
	___/___/____	PAR- _____

SECTION B - TRAINING PROGRAM INFORMATION: Complete Section B and return form to applicant. One instructor may provide the complete 36-hour training program or two instructors may provide various segments of the program. This is to certify that the above-named person has completed a training program of **not less than 36 hours** in the specific topics required by [Wis. Admin. Code § SPS 34.03](#). (For initial credentials and credentials expired more than 5 years, a 36-hour program is required. However, only a 6-hour refresher program is required at the time of regular renewal. Refer to [Wis. Admin. Code § SPS 34.03](#) for more details.)

Name of Firing Range	Firing Range Address (number/street)	(city)	(state)	(zip code)
Name of Location for Classroom Instruction	Address of Classroom (number/street)	(city)	(state)	(zip code)

Date(s)	Start Time	End Time	Date(s)	Start Time	End Time
___/___/____	__:__	__:__	___/___/____	__:__	__:__
___/___/____	__:__	__:__	___/___/____	__:__	__:__
___/___/____	__:__	__:__	___/___/____	__:__	__:__
___/___/____	__:__	__:__	___/___/____	__:__	__:__

A separate Certification of Proficiency is required for each type of firearm (e.g., revolver, semi-automatic, or shotgun) that an owner or employee may carry when on duty as a Private Security Person. List the type(s) of weapon(s) for which training was provided:

Instructor who presented the complete course or part of the course.		Second Instructor - if two (2) instructors presented the course.	
Printed Name of Instructor	# hrs presented	Printed Name of Instructor	# hrs presented
Signature of Instructor (If unable to provide a digital signature, print and sign form.)		Signature of Instructor (If unable to provide a digital signature, print and sign form.)	
Daytime Phone Number	License Number	Daytime Phone Number	License Number
___-___-____		___-___-____	

Wisconsin Department of Safety and Professional Services

SECTION C - EMPLOYER: Review Sections A and B. Complete this section (Section C) for the above-named applicant and return to the applicant. **Applicant must upload fully completed form into his or her License application.**

ATTESTATIONS - To be Completed by the Owner, Officer, or Partner of the Private Detective/Security Agency

1. I hereby attest that, to the best of my knowledge, the information provided on this form is accurate. Our agency, therefore, requests that a permit to carry a firearm while on duty as a Private Security Person be granted to the individual applicant named on Page 1.
2. I attest that the owner of the agency named below, has never been convicted of a misdemeanor or a felony or has pending charges against them, has never surrendered, resigned, canceled, or been denied a professional license or credential in Wisconsin or any other jurisdiction, has never had any licensing or any other credentialing agency taken or has pending disciplinary action against them including but not limited to any warning, reprimand, suspension, probation, limitation or revocation **or** I have attached details of past or pending criminal or licensing actions on an attached sheet.
3. I ATTEST THAT I HAVE READ AND UNDERSTAND THE LEGAL FIREARM DISCHARGE REPORTING REQUIREMENTS IN [WIS. ADMIN. CODE § SPS 34.06](#).
4. I attest that after completing this form, I, or other agency staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review.

BY SIGNING BELOW, I AFFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE DECLARATIONS.

Signature of Owner, Officer, or Partner (If unable to provide a digital signature print and sign form.)	Date (mm/dd/yyyy)
	___ / ___ / _____
Printed Name	Daytime Phone Number
	____ - ____ - _____
Title	Agency Credential Number
Name of Security/Private Detective Agency	
Agency Address (number/street)	(city)
	(state)
	(zip code)