

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR COMPLETING FIREARMS PROFICIENCY CERTIFIER APPLICATION FORM

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Approval of Firearms Proficiency Certifier (Form #1912)** – There is no credentialing fee associated with the initial certification.
Late Renewal – Certification expired more than 5 years. There is no credentialing fee associated with the certification late renewal.
2. **Authorization for Release of FBI Information (Form #2687)** - Provisions set forth in Title 28, Code of Federal Regulations (CFR) Section 16.34, require us to notify you that your fingerprints may be used to check the criminal history records with the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving Department, related Agency, or other authorized entity. The Department of Safety and Professional Services does not deny a license based on the information in the record itself, but does require the submittal of a certified copy of the criminal complaint and judgment of conviction in any matter which would appear to be cause for denial of a license. Submit a head-and-shoulders photograph with form.
3. **Proof of Current Certification as a Firearms Instructor** – Select a qualification method on page 2 and submit proof of certification.
4. **Fingerprints** – All applicants must submit their fingerprints electronically for a background check. You will receive information on how to obtain digital fingerprints after the Department has received your completed application and a signed Authorization for Release of FBI Information (Form #2687).
5. **Convictions and Pending Charges Form (#2254), if applicable** - All applicants are required to answer questions about convictions of crimes, other violations and pending charges in Wisconsin or any other state. The Department will obtain a State and Federal Criminal Records search on all applicants.

If an applicant has **EVER** been convicted of one or more misdemeanors, other violations, or has pending charges, and if the Department determines that the crimes or violations are substantially related to the practice of a Private Security Person, the Department will not grant any kind of permit until it has received sufficient information to determine whether the permit should be granted, denied, or limited. It is the responsibility of the applicant to provide complete information to the Department. Applications are deemed complete after submission of all relevant background information by the applicant. A certified copy of the Police Report, Criminal Complaint, and Judgment of Conviction is required for each conviction.

If an applicant was EVER convicted of a felony in Wisconsin or any other state and not pardoned, the applicant's application will be denied. There are no exceptions.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR APPROVAL OF FIREARMS PROFICIENCY CERTIFIER

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

**PLEASE TYPE OR PRINT
 IN INK**

Your name, address, phone number and e-mail address are available to the public. Check box to withhold street address/PO Box number, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street) (city) (state) (zip code)	Daytime Telephone Number - -
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Mailing Address (if different) (street) (city) (state) (zip code)	Date of Birth / /
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Social Security Number - -	Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Gender: M F

Have you ever been licensed in Wisconsin as a Firearms Proficiency Certifier? Yes No If yes, list your credential number:

E-mail Address

Other Names Ever Used By Firearms Proficiency Certifier (e.g., legal name change, maiden name, alias)

Firearms Proficiency Certifier is one of the following: (check the box that applies)

Licensed Private Detective Police Officer
 Private Security Permit Holder Other

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

Initial Certification (no fee required)
 Late Renewal (no fee required) (Certification expired more than 5 years.)

For Receipting Use Only (64)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #1912**) and appropriate fee
- Proof of Current Certification as a Firearms Instructor
- Authorization for Release of FBI Information (**Form #2687**)
- Convictions and Pending Charges (**Form #2254**), if applicable

Qualification for Certification per [Wis. Admin. Code § SPS 34.04](#): (Check ONE box indicating how you qualify)

- I am approved as a Firearms Instructor by the Training and Standards Bureau in the Wisconsin Department of Justice. **Proof of current approval is attached.**
- I hold a currently valid Instructor’s certificate in the Police Firearms Instructor’s Program or Security Firearms Instructor’s Program issued by the National Rifle Association. **Proof of current certification is attached.**
- At any time on or after January 1, 1995, I was approved as a Firearms Instructor by the Wisconsin Law Enforcement Standards Board or certified as a Law Enforcement Firearms Instructor, or a substantially equivalent designation, by the National Rifle Association and have completed a 6-hour firearms instructor refresher course within 12 months before application for approval or re-approval by the Department. The refresher course was presented by a regional training school approved by the Wisconsin Law Enforcement Standards Board (i.e., a vocational-technical college) or by a staff instructor in the Law Enforcement Activities Division of the National Rifle Association. **Proof is attached.**
- I hold a current certification or approval as a firearms instructor from a school in the Wisconsin technical college system, that certifies or approves firearms instructors in a manner, which the Department determines, achieves equivalency to one of the outcomes prescribed in prescribed in [Wis. Admin. Code §SPS 34.04\(1\)-\(3\)](#). **Proof is attached.**
- I hold a current certification or approval as a Firearms Instructor from an institution approved by the U.S. Department of Education, that certifies or approves firearms instructors in a manner, which the Department determines, achieves equivalency to one of the outcomes prescribed in prescribed in [Wis. Admin. Code §SPS 34.04\(1\)-\(3\)](#). **Proof is attached.**

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor, or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2254).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

TO BE COMPLETED BY THE FIREARMS PROFICIENCY CERTIFIER

I understand the firearms proficiency provisions in Wis. Admin. Code § SPS 34, and I hereby attest to the accuracy of the information on this form.

I hereby attest that I have not been convicted of a felony crime, and that I am not prohibited by any applicable federal or state law from carrying or being in possession of a firearm. I further attest that I have read and understand Wis. Stat. § 941.29.

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of 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 understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

This application must be submitted to the Department within 14 days after submission of your fingerprints.

Signature: Date: / /
(Print and Sign Form)