

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](http://license.wi.gov)
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

FIREARMS CERTIFIER INSTRUCTOR COURSE APPROVAL REQUEST FORM

NOTE: Applications must be submitted at least 30 business days prior to the first date the course is offered and information provided in this table WILL be posted on the DSPS website.

INSTRUCTOR AND COURSE INFORMATION (Attach additional sheets if multiple instructors.)			
Instructor Last Name <input style="width: 95%;" type="text"/>	Instructor Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Instructor Telephone Number <input style="width: 95%;" type="text"/>
Location of Course for Classroom Instruction <input style="width: 95%;" type="text"/>			
Course Date(s) (mm/dd/yyyy) (List additional dates on an attached sheet.) <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/>			
Note: Interested parties will be directed to "contact" (below) and course website address for additional dates and times.			
Website Address <input style="width: 95%;" type="text"/>		Instructor WI Firearms Proficiency Certifier Lic# <input style="width: 95%;" type="text"/>	
Instructor Email Address <input style="width: 95%;" type="text"/>			
CONTACT INFORMATION			
Contact Last Name <input style="width: 95%;" type="text"/>	Contact First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Contact Daytime Telephone Number <input style="width: 95%;" type="text"/>
Contact Address (street, city, state, zip code) <input style="width: 95%;" type="text"/>			
Email Address <input style="width: 95%;" type="text"/>			

ENCLOSE EACH OF THE FOLLOWING:

- Program Content** – Attach course materials and a detailed course outline with specific allocation of hours to each topic present.
- Course Equivalency** – Provide a copy of either the Training and Standards Bureau (in the Wisconsin Department of Justice) guidelines or the National Rifle Association guidelines for training police or security firearms instructors and demonstrate clearly how the course is equivalent to either.

ANSWER THE FOLLOWING QUESTIONS.

1.	Do you agree to notify the Department in writing of any changes in the information which you provided in this application within 10 days following the date of the change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is enrollment open to all licensees regardless of gender, race, sexual orientation, disability, religion, or age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is your school an acceptable educational institution as stated in Wis. Admin. Code § SPS 34.04(2)(a)4 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that all statements made in this application and attachments are true to the best of my knowledge and belief.

Printed Name and Title:

Signature (If unable to provide a digital signature print and sign form.)

/ /

Date