



Form CJTC 727 – Firearms Certificate Training Roster

Private Security Guards, Private Investigators, Bail Bond Recovery Agents

- Instructors email completed rosters to pspi@cjtc.wa.gov within 72 hours of completion of every training.
- **ONLY** PS Certified Firearms Instructors for WSCJTC can complete this roster form.
- Instructors **Sign** and **Date** roster. Indicate Pass/Fail for each student and include score.

Please write legibly and clearly

Check One (only **ONE** Class Type per Roster)

<input type="checkbox"/> 8-hour Firearms Certificate Initial Training	<input type="checkbox"/> Qualification ONLY
<input type="checkbox"/> 4-hour Firearms Certificate Renewal Training (<i>DOL Armed License Number REQUIRED for renewal</i>)	

#	Student Name Last Name, First Name	DOL Armed License No.	SSN Last 4	Agency (and Branch if Multiple Locations) (No Acronyms)	Firearm Make/Model	Firearm Caliber	Pass/ Fail	Score
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Training Information

Date of Training	City Training Held In	Range Name
Instructor Email	Additional Instructor Names	
Instructor Printed Name	Instructor Signature (Must be handwritten)	Date
Class Notes:		