

Check One (only ONE Class Type per Roster)

## **Private Security – Firearms Certificate Training Roster**

Private Security Guards, Private Investigators, Bail Bond Recovery Agents

- Instructors are required to **email** completed rosters to **pspi@cjtc.wa.gov** within 72 hours of completion of every training.
  - See Page 2 for required document naming; if named improperly, form will be returned.
- ONLY PS Certified Firearms Instructors for WSCJTC can complete this roster form. Instructors **Sign** and **Date** roster.
- Forms should be typed; illegible or incomplete forms will be returned.

8-hour Firearms Certificate Initial Training						Qualification ONLY		
4-hour Firearms Certificate Renewal Training (DOL Armed License Number REQUIRED for renewal)								
	Last Name, First Name Email address		DOL Armed License No.	Agency (and Branch if Multiple (No Acronyms)	Locations)	Firearm Make/Model	Firearm Caliber	Score (Min 294)
1								
2								
3								
4								
5								
Training Information								
Date of Training City Trai		ning Held In Ran		Range N	ge Name			
Instructor Email Additiona		al Trestructor	Names					
Thistructor Ellian Addition			nal Instructor Names					
RCW 43.101.260 (2)(b) requires a firearms certificate applicant to possess a current [unarmed] private security guard license; I hereby attest that I have either received verbal confirmation from the sponsoring agency that a temporary unarmed license has been issued, or I have visually inspected the student's guard card and provided the information above.								
Instructor Printed Name Instructor		or Signature (Must be handwritten)		Date	Date			
Cla	as Notes							
Class Notes:								

## Instructions for submitting this form to the WSCJTC:

All forms are to be emailed in a PDF format using the following naming:

- **Initial** Initial Roster Instructor Name Date of Qualification:
  - Initial Roster Porras 8-13-2022
- Renewal Renewal Roster Instructor Name Date of Qualification:
  - o Renewal Roster Toulme 9-1-2022
- **Qualification Only** Qualification Roster Instructor Name Date of Qualification:
  - o Qualification Roster Read 9-15-2022

Please note, if forms are submitted in any format other than PDF, named incorrectly, incomplete, or illegible, they will not be processed and returned for resubmission.

For questions, please contact pspi@cjtc.wa.gov.