

Oregon Precision Firearms Training

Law Enforcement Training Registration Application

PLEASE NOTE: *Some* classes may require supplemental documentation with the course application.

Course Title:

Location:

Course Dates:

DPSST #

Rank / Title:

Student Name:

E-Mail Address:

Employing Agency:

Mailing Address:

City / State / Zip

Office Phone:

Ext:

Cell Phone:

By signing below, I affirm that the applicant listed on this registration is approved to attend the training listed above. The applicant will be considered on active duty status with our agency during this training period. It is understood that the applicant, while attending this training course is covered by insurance designated by their employing agency for an on the job injury. It is also understood by me that any illness and / or injury not covered by the insurer, the applicant will only be covered to the extent that they would be covered while at their own department under personal or departmental medical insurance.

Applicant printed name:

Applicant signature:

Supervisor printed name:

Supervisor signature:

Date:

E-MAIL COMPLETED FORM TO: jlhpaint4@gmail.com

For more information on additional and upcoming training opportunities, please visit our web site at: opfirearmstraining.com