



FIREARMS INFORMATION FORM

➔ **To be completed for all courses requiring the use of firearms.**

➔ **Failure to complete and return this form may result in an inadequate amount of ammunition for use by the student.**

Student Name: _____ Agency: _____

Course Title: BASIC POLICE TRAINING Date of Course: _____

MY WEAPON IS A:

- .38 / .357 Revolver
- 9 mm semi-automatic
- .40 cal semi-automatic
- 10 mm semi-automatic
- .45 cal semi-automatic
- Other: _____

Weapon Serial Number: _____

Weapon Make and Model: _____

While in attendance I agree to;

1. Comply with all of the Firearms and Range Safety Rules as established by the Arkansas Law Enforcement Training Academy.

Student Signature: _____ Date: _____

Agency: _____