

# Wisconsin Department of Safety and Professional Services

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## FIREARMS CERTIFIER INSTRUCTOR COURSE APPROVAL REQUEST FORM

**Applications must be submitted at least 30 business days prior to the first date the course is offered.**

PLEASE TYPE OF PRINT IN INK.

**The information provided in this table WILL be posted on the DSPS website.**

1. NAME OF COURSE PROVIDER	2. TELEPHONE NUMBER
3. LOCATION OF COURSE FOR CLASSROOM INSTRUCTION	4. COURSE DATE(S)
5. WEBSITE ADDRESS	6. EMAIL ADDRESS

7. CONTACT NAME	8. TELEPHONE NUMBER	9. EMAIL ADDRESS
10. ADDRESS (number, street, city, state, zip code)		

11. Program Content – Attach course materials and a detailed course outline with specific allocations of hours to each topic presented.

12. Course Equivalency – Provide a copy of either the Training and Standards Bureau (in the Wisconsin Department of Justice) guidelines or the National Rifle Association’s guidelines, for training police or security firearms instructors, and demonstrate clearly how the course is equivalent to either.

	YES	NO
13. 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"/>	<input type="checkbox"/>
14. Is enrollment open to all licensees regardless of gender, race, sexual orientation, disability, religion, or age?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is your school an acceptable educational institution as stated in section SPS 34.04(2)(a)4 of the Wisconsin Administrative Code?	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

#3034 (7/13)  
Ch. SPS 34.04