

Side Arm Certification

1. Name of Applicant: (Print)		2. Agency Name and Address:				
3. Type of Course:	4. Location of Course:	5. Name of Instructor:	6. Telephone Number of Instructor:			
7. Have You Completed the Requirements for Firearms Training as Required by the North Dakota Private Investigation & Security Board? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Have You Completed the Requirements for Firearms Training as Required by the North Dakota Peace Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach proof of training.				
OR						
Type of Weapon:	Caliber/Model No.:	Automatic/Revolver:	Barrel Length:	Date of Qualification:	70% or More?	Recommended Qualified
No. 1						
No. 2						
No. 3						
Signature of Certified Instructor: X _____ Date: _____						
I attest that the above information is correct and truthful to the best of my knowledge. X _____ Date: _____						

Range score required each year prior to September 30th along with \$30.00 fee.