

**Vermont Secretary of State
Office of Professional Regulation
Board of Private Investigative and Security Services
26 Terrace Street, Drawer 09
Montpelier, Vermont 05609-1106
PHONE: (802) 828-2837 ** FAX: (802) 828-2465
Attn: Patty Skinner, Administrative Assistant
E-mail address: "pskinner@sec.state.vt.us"
Web site: www.vtprofessionals.org**

INSTRUCTIONS FOR A FIREARMS INSTRUCTOR

COMPLETED APPLICATION MUST INCLUDE:

1. Completed information, pages one (1), two(2), three (3), and four(4) by the applicant, signed and dated at the bottom of page four (4).
2. **\$100.00** Application fee (non-refundable). Payable to Vermont Secretary of State.
3. One 2" X 2" photograph (attached to page three (3) of the application).
4. Completed "**Two Fingerprint Cards**" - Follow the instructions on the back of the fingerprint cards in order to obtain classifiable fingerprints.
5. Signed and dated "**Statements Regarding Child Support, Taxes and Unemployment Compensation Contributions,**" Page 4, by the applicant. *(Completion of this form is required for licensure whether or not you have children and whether or not you pay taxes in Vermont. Failure to complete it will result in denial of application).*
6. Completed "**Verification of Firearms Training Certification.**" (See enclosed: Firearms Qualification Program - Minimum Standards). The following documents must be included:
 - A. "**Verification of Firearms Status.**" (Page 5) The applicant must have this form signed by the person (or his or her designee) who provided the training.
 - B. **Copy of Training Certificate** received. (Proof of certification as an instructor from an instructor's course, approved by the Board. This shall mean the certification, or re-certification, of the firearms instructor.)
 - C. **Copy of the Instructor's Firearms Training Program.** (Provide a copy of the course(s) taken to obtain the initial certification from the organization training and certifying the instructor to instruct firearms training.) **Note:** Copies of training programs with which the Board is familiar, such as Vermont Criminal Justice Training Council (VCJTC); National Rifle Association (NRA); Smith & Wesson; SiGARMS Academy; and Glock Firearms Instructor Schools, need not be provided.
 - D. **Copy of your Firearms Training Program** that you as a newly licensed Instructor, will teach to your students.
7. Completed "**Verification of Licensure,**" (Page 6). The applicant completes the top portion and forwards a copy of the form to every state in which the applicant currently holds or has held a certificate or license as a firearms instructor.

Mail your completed application to the address above.

Vermont Secretary of State
Office of Professional Regulation

Board of Private Investigative & Security Services
APPLICATION FOR FIREARMS INSTRUCTOR

<i>For Office Use Only</i>
Licence #.....
Issue Date.....
Fee
Approved.....

THIS IS A: New Application Change in Firearms Training Program

Please type or print clearly. Incomplete applications will be returned. When space provided is insufficient, attach additional sheets. All documents must be received within six months or the application becomes invalid.

NAME OF APPLICANT: _____

NAME OF COMPANY (if applicable)_____

MAILING ADDRESS: _____

Street

City

State

Zip Code

Phone Number

BUSINESS LOCATION: _____

Street

City

State

Zip Code

Phone Number

DO YOU NOW HOLD OR HAVE YOU EVER HELD A FIREARMS INSTRUCTOR LICENSE OR CERTIFICATE IN THIS OR ANY OTHER STATE, TERRITORY OR COUNTRY? If "yes," , COMPLETE BELOW:

State

Type of license

Date Issued

Expiration Date

List in chronological order each and every place in which you have resided since your eighteenth birthday. Include military addresses and college addresses. (Attach additional sheets if necessary.)

Residence (City & State only)

From (mo/da/yr)

To (mo/da/yr)

List chronologically all schools, colleges and training courses you have attended:

Name of institute

City & State

Dates Attended
From (mo/da/yr) To (mo/da/yr)

Certificate earned
degree/credits

Have you ever served in an active military organization of the United States or foreign government?

____ Yes ____ No If "yes," complete below:

Branch of Service _____ Give period or periods of active service: (from/to) _____

Type of discharge or separation: _____

If the reason for discharge is less than honorable attach a letter of explanation.

EMPLOYMENT HISTORY

List all work experience for the past five years. If the space provided is insufficient attach additional sheets.

Employer's Name **Mailing Address** **Telephone #**

Title or position held Dates of Employment
From (mo/da/yr) To (mo/da/yr)

Duties: _____

Employer's Name **Mailing Address** **Telephone #**

Title or position held Dates of Employment
From (mo/da/yr) To (mo/da/yr)

Duties: _____

Employer's Name **Mailing Address** **Telephone #**

Title or position held Dates of Employment
From (mo/da/yr) To (mo/da/yr)

Duties: _____

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E:Mail: pskinner@sec.state.vt.us**



**PRIVATE INVESTIGATIVE AND SECURITY SERVICES
APPLICATION FOR
FIREARMS INSTRUCTOR**

APPLICANT: (name in full)

Last First Middle

Give any other names you have used or been known by, and attach a statement explaining reasons and time period when used. (If none, enter n/a)

PERSONAL INFORMATION:

Place of Birth: _____ Date of Birth: ____/____/____
(City and State)

Sex _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

*Social Security ____/____/____ *The disclosure of your social security number is mandatory, pursuant to 42 U.S.C. Section 405(c)(2)(c), and will be used by the Vermont Department of Taxes in the administration of tax laws to identify persons affected by such laws.

Drivers license number _____ Are you a citizen of the United States? ___Yes ___No

Where do you now reside? _____
Street

City State Zip Code

Please circle Yes or No. If "yes," a written explanation is required.

- | | | | |
|----|---|-----|----|
| 1. | Have you ever been arrested, taken into custody, held for investigation or questioning, cited into court or charged by any law enforcement authority?
<i>If the answer is "yes," attach an explanation, police affidavits and the court documents if applicable.</i> | YES | NO |
| 2. | Has any state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? | YES | NO |
| 3. | Has any state or federal licensing authority restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer to #2 or #3 is "yes," provide a copy of the order or official notification of the Board action.</i> | YES | NO |

ANSWERS TO 4-5-6 ARE NOT SUBJECT TO PUBLIC DISCLOSURE

- | | | | |
|----|---|-----|----|
| 4. | Do you have a physiological, mental, or psychological condition or disorder which in any way impairs or limits your ability to practice as a fire arms instructor with reasonable skill and safety?
<i>If the answer is "yes", provide a physician's statement or medical confirmation of the condition or disorder.</i> | YES | NO |
| 5. | Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice as a firearms instructor with reasonable skill and safety?
<i>If "yes," please explain in detail.</i> | YES | NO |

VERMONT SECRETARY OF STATE - OFFICE OF PROFESSIONAL REGULATION
APPLICANT'S STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You must answer questions 1, 2, and 3.

Regarding Child Support

A professional license may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support whether or not you have children:

_____ I hereby certify that, as of the date of this application I am: (a) not subject to any support order or (b) subject to a support order and in good standing with respect to it, or (c) subject to a support order and in full compliance with a plan to pay any and all child support due under that order.

or

_____ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship.

Regarding Taxes

A professional license may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below regarding taxes:

_____ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application.

or

_____ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.

Regarding Unemployment Compensation Contributions

No agency of the state shall grant, issue or renew any license with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship. (21 V.S.A. § 1378)

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

_____ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application.

or

_____ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

or

_____ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security # * _____ / _____ / _____ Date of Birth _____ / _____ / _____

* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. **Your social security number is NOT subject to disclosure as part of a public records request.**

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant _____

Date _____ / _____ / _____

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VERIFICATION OF LICENSURE FROM ANOTHER STATE, TERRITORY OR COUNTRY

APPLICANT: Complete the applicant section of this form and forward to the state you were previously licensed. Please Print:

Name _____
(Last) (First) (Middle) (Former)

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth _____

License# _____ Date Issued _____

I hereby by authorize the Private Investigative & Security Guard Licensing Authority in the State or Country of _____ to furnish to the information requested below.

Signature: _____ Date: _____

LICENSING AUTHORITY: Please complete and return to address above:

This is to certify that this individual has met our state requirements as a: _____

Other: _____

Name of Applicant _____

License Number _____ Date Issued _____

Licensed By: () Examination () Endorsement/Reciprocity () Other

License Status: () Active () Inactive

() Lapsed () Other Date of Expiration _____

Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation, etc.)? ()Yes ()No If "yes," attach a copy of the decision.

(OFFICIAL SEAL)

Name of Licensing Authority

Signature of Person Completing Form Date

Position Title of Person Completing Form:

E-Mail Address