



# Law Enforcement Training Advisory Commission

3171 Greenhead Drive, Suite B • Springfield, IL 62711

Phone (217) 726-7014 • Fax (217) 726-7833 • Email [letac@sbcglobal.net](mailto:letac@sbcglobal.net) • Website [www.letac.org](http://www.letac.org)

Ellen L. Petty, Director

This completed form & all attachments should be mailed to the address above no later than 10 business days prior to class.

## APPLICATION FOR MANDATORY FIREARMS TRAINING

### PUBLIC ACT 79-652

Full Name of Applicant:	
Applicant Phone #: ( )	Email:
Date of Birth:	Social Security #:
Home Address:	
Employment Status:	Full-time: _____ Part-time: _____ County Auxiliary: _____ Municipal Auxiliary: _____
Date of Appointment:	Hourly Rate of Pay: \$
Name of Department:	
Department Address:	
Department Phone #: ( )	Email:
Make, Model & Serial # of Duty Weapon:	
This Weapon is owned by: _____ Department _____ Officer	<i>A copy of the officer's valid FOID card must be attached to this form for all Auxiliary officers.</i>

#### CERTIFICATION OF APPLICATION:

I certify that the above named applicant is a police officer of the named department for the City/County of \_\_\_\_\_

and that the applicant will attend the Mandatory Firearms Training Course scheduled for the dates of \_\_\_\_\_.

The governmental unit submitting this application assumes all liability and relieves the Law Enforcement Training Advisory Commission, Mobile Team Unit #10, the Illinois Law Enforcement Training and Standards Board, all sponsoring agencies, and all participating instructors from all legal responsibility due to any part of this training. A Certificate of Liability Insurance showing the above named officer is covered under the department's liability insurance policy, and a photocopy of the officer's "Form E" (which has previously been submitted to ILETSB), have been attached to this form.

The above applicant has been subjected to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Identification, and such investigation has thus far revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good moral character

\_\_\_\_\_  
Signature of Mayor, Village Board President, County Board Chairman,  
or Authorized Government Representative

\_\_\_\_\_  
Printed Name of Certifying Official

**MTU #10 MANDATORY FIREARMS REGISTRATION POLICY:** Due to limited class size and the need to allow plenty of practice time and individual range master attention for class participants, the MTU #10 Advisory Board has implemented the following policy, effective immediately (October 1, 2009):

**Only member departments from MTU #10 will be permitted to enroll officers in Mandatory Firearms courses offered by LETAC. As an exception, Part-time officers from outside of MTU #10's geographical boundaries may be allowed to enroll if another MFT is not being offered in their local MTU prior to the start of the next Academy.**

MTU #10 Departments registering municipal auxiliary officers must also provide a copy of their local ordinance, which states the municipal auxiliary officers do not have "conservator of the peace" powers, and are thereby not required to attend a Basic Training course.

#### TUITION:

FT, PT, & County Auxiliary Officers from MTU #10 Local Member Departments = NO TUITION

Municipal Auxiliary Officers from MTU #10 Local Member Departments = \$50.00

All tuition payments must come from department, not individual officer. Pay by agency issued check only.

1. Type of Notice:  Appointment  
 Separation  
 Status Change (Do not use to change an officer from full-time to

**NOTICE OF APPOINTMENT/SEPARATION**  
**PLEASE TYPE ONLY**  
**part-time or vice versa - this requires an appointment)**

Illinois Law Enforcement Training and Standards Board  
4500 South 6th St Road, Rm 173  
**Springfield, IL 62703-6177**  
**217-782-4540**

**NOTICE:** The Board is requesting specific information that is necessary to accomplish the statutory requirements as outlined in Public Act 79-652 and Public Act 79-720. Disclosure of this information is **MANDATORY**. The Board could seek legal action against those agencies failing to disclose the required information.

2. Name - Last  First  Middle	3. Social Security Number  - -	4. Date of Birth
5. List <b>all</b> prior names used	6. Sex M      F	7. Race AA   AS   CA   HI   NA
8. Highest Educ. Level Achieved HS   SC   A   B   M   PhD	9. Agency Name, Address and Phone Number ( <b>Must be completed in full</b> )	
10. Rank/Classification		11. Date of Appointment/Status Change (mm/dd/yy)
12. The above named person's previous service as a peace/correctional officer was with		
Name of Agency _____ from (mm/dd/yy) _____ to (mm/dd/yy) _____		

**APPOINTMENT INFORMATION**

13. <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Court Security <input type="checkbox"/> Coroner <input type="checkbox"/> State's Attorney <input type="checkbox"/> Auxiliary <input type="checkbox"/> Other  <b>Has Completed:</b> <input type="checkbox"/> LETSB Certified Law Enforcement Basic Training Course <input type="checkbox"/> LETSB Certified Correctional Basic Training Course <input type="checkbox"/> LETSB Certified Part-time Basic Training Course <input type="checkbox"/> LETSB Certified Mandatory Firearms Training Course	<b>Other:</b> <input type="checkbox"/> Trained out of state <input type="checkbox"/> Has NOT satisfied the basic training Requirement
14. Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Auxiliary w/Firearms <input type="checkbox"/> Auxiliary w/ Conservator of Peace Power	

**SEPARATION INFORMATION APPLICABLE TO CURRENT AGENCY**

15. Reason for Separation: <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Terminated for Cause <input type="checkbox"/> Deceased <input type="checkbox"/> Convicted of Criminal Offense <input type="checkbox"/> Other ( <b>Explain</b> )  Last date of employment with agency (mm/dd/yy): _____
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**COMMENTS**

16.
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**ATTESTATION OF REPORTING OFFICIAL**

17. I attest that the information provided on this form is true and correct, and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate this information.		
_____ Signature of Chief Agency Administrator	_____ Print Chief Agency Administrator's Name and Title	_____ Date

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
INSURED	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE