Marty Jackley Attorney General		STATE OF SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION Enhanced Concealed Pistol Use of Force Training Program Application						
		COURSE DATE:						
MINIMUM STANDARDS FOR ATTENDANCE:		 A person may attend the use of force course only if the person meets the following requirements: (1) Is currently certified as a National Rifle Association handgun instructor; (2) Has a valid South Dakota concealed weapons permit or is a current or retired law enforcement officer in good standing; (3) Has his/her fingerprints taken by a qualified law enforcement agency; and (4) Is of good moral character. 						
GENERALINST	RUCTIONS:	insufficient, use a sep fingerprint cards w authorization and	answer to every question. parate sheet and precede ith application (one l release (reverse side heck/money order fo	e each answ ight blue F of DCI ap	er with the Bl card a plicant c	e number of and one dan ard) a copy	the referenced b rk blue DCI app of your NRA	olock. <u>Submit two (2)</u> plicant card), signed Handgun Instructor
1. LAST NAME		FIRST NAME		M	MIDDLE NAME		2. MALE	FEMALE
3. ALIAS(ES), N	IICKNAME (S),	;), MAIDEN NAME, OTHER CHANGES IN NAME			4. DEPA	. DEPARTMENT		
5. PRESENT RE	SIDENT ADD	RESS STREET OR F	FD / CITY OR POS	TOFFICE	/ Sta	TE		ZIP CODE
6. DATE OF BIR	TH (month, d	lay, year)	7. PLACE OF BIRTH			8. Telepho Home Email	B	3us
9. HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES	10. SCARS		L, DEFECTS, [DISTINGUISHING M	ARKS
INCLUDE CO 13. DETENTION tickets. E	DPY OF CERT I, ARREST, J Be advised the bended impo	NRA # IFICATE WITH APPLICATION CRIMINAL LITIGATION nat pursuant to SDCL 23 isition or suspended exe		CITATIONS ng any legal you ever be	YES , and/or C advice yo een arresto	ONVICTION ou may have r ed or detained	NO BRING PERMIT TO List ALL, includi received to the co d by a law enforc	ontrary, you MUST list
As an applicant mental qualifica confidential or p I hereby release that a backgrou I certify that the above are true, grounds to den I further agree misrepresentation	for this train ations. In this privileged na e you, your o und investiga ere are no m complete, a y your applic and conse ons of falsifi	ing program in the State s connection, I authoriz ture, to include internal i organization, or others fi tion will be conducted to hisrepresentations, omis nd correct to the best of iation. Int in advance to being cation or if any material Date	om any liability or damag overify the authenticity an sions, or falsifications in my knowledge and belief summarily discharged information has been omi	equired to fur information e which may d completer the foregoir and are ma without caus	rnish inforr that you r r result fro ess of the g stateme de in good	nay have cor m furnishing information f ents and answ faith. Any m iring if any c	ncerning me, incl the information re furnished by me. wers, and that the isstatement or or	uding information of a equested. I understand e entries made by me hission can be used as prmation contains any
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