



Private Security Services – Training Session Notification Form

IMPORTANT INFORMATION

- Must be postmarked or received **no less than seven (7) calendar days** prior to the beginning or the training session.
- You may only provide one category of training per session notification.

Applicant Information

DCJS ID Number: 88-	School Name:	Trading As:
Primary Instructor:		DCJS ID Number: 99-
Location of Training (if different than School):		City, State, Zip:
Range Name:		Code:
Start Date:	Start Time: (Military Format)	End Date: End Time: (Military Format)

Entry level Subjects

<input type="checkbox"/> 01E Security Officer Core Subjects	<input type="checkbox"/> 32E Personal Protection Specialist
<input type="checkbox"/> 02E Private Investigator	<input type="checkbox"/> 35E Electronic Security Technician
<input type="checkbox"/> 03E Armored Car Personnel	<input type="checkbox"/> 38E Central Dispatcher
<input type="checkbox"/> 04E Security Canine Handler	<input type="checkbox"/> 39E Electronic Security Sales Representative
<input type="checkbox"/> 05E Armed Security Officer Arrest Authority	<input type="checkbox"/> 40E Bail Bondsman
<input type="checkbox"/> 06E Special Conservator of the Peace Core Subjects	<input type="checkbox"/> 44E Bail Enforcement Agent
<input type="checkbox"/> 30E Electronic Security Subjects	<input type="checkbox"/> Locksmith

In-Service Subjects

<input type="checkbox"/> 01I Security Officer Core Subjects	<input type="checkbox"/> 32I Personal Protection Specialist
<input type="checkbox"/> 02I Private Investigator	<input type="checkbox"/> 35I Electronic Security Technician
<input type="checkbox"/> 03I Armored Car Personnel	<input type="checkbox"/> 38I Central Dispatcher
<input type="checkbox"/> 04I Security Canine Handler	<input type="checkbox"/> 39I Electronic Security Sales Representative
<input type="checkbox"/> 06I Special Conservator of the Peace Core Subjects	<input type="checkbox"/> 40I Bail Bondsman
<input type="checkbox"/> 30I Electronic Security Subjects	<input type="checkbox"/> 44I Bail Enforcement Agent
	<input type="checkbox"/> Locksmith

Firearms Training

<input type="checkbox"/> 07E Handgun Training	<input type="checkbox"/> 08E Shotgun Training	<input type="checkbox"/> 09E Advanced Handgun Training
<input type="checkbox"/> 07R Handgun Re-Training	<input type="checkbox"/> 08R Shotgun Re-Training	<input type="checkbox"/> 09R Advanced Handgun Re-Training

Additional Instructors during Session

Name:	DCJS ID Number: 99-
Name:	DCJS ID Number: 99-
Name:	DCJS ID Number: 99-
Training School Director:	Phone: () Ext.:

Signature Required: _____ Date: _____
 Training School Director mm/dd/yy