# TRAINING APPLICATION

Sentinel Firearms Training LC
Law Enforcement Course
PO Box 15141, Rio Rancho, New Mexico 87174
505.414.6229 Keith Elder 505.977.8331 Mike Gibson



# This application will not be processed unless signed on the back by the applicant and the Agency Head or Designee

Last Name: First Name: Middle Initial  Social Security Number: NMDPS Certification #  DATE OF BIRTH: Agency Name:
NMDPS Certification #   DATE OF BIRTH:   Agency Name:   Rank/Job Title:   Mailing Address:   Fax #:   Email address:   Personal and work:   Personal and work:   Payment:   Department Check   Money Order   Purchase Order   Personal Check   Comp   City   County   State   Tribal   Federal   Federal   Pederal   Peder
Mailing Address:  Billing Address:  Contact Information: Phone #:
Mailing Address:  Billing Address:  Contact Information: Phone #:
Billing Address:  Contact Information: Phone #:
Contact Information: Phone #:
Email address: Personal and work:  Advanced Training Course
☐ Advanced Training Course ☐ Critical Incident Response Course/Public Safety Telecom.   Course Requested:
Course Requested:  Location of Course:  Course Cost:  Payment:  Department Check  Money Order  Purchase Order  Personal Check  Comp  Jurisdictional Function (Check One Only):  City  County  State  Tribal  Federal
Course Cost:  Payment: Department Check Money Order Purchase Order Personal Check Comp  Jurisdictional Function (Check One Only):  City County State Tribal Federal
Course Cost:  Payment: Department Check Money Order Purchase Order Personal Check Comp  Jurisdictional Function (Check One Only):  City County State Tribal Federal
Jurisdictional Function (Check One Only):  □ City □ County □ State □ Tribal □ Federal
☐City ☐County ☐State ☐Tribal ☐Federal
Other
Agency Type (Check One Only):
☐ Law Enforcement ☐ Fire Department ☐ Emergency Medical Services ☐ Emergency Management
Other
Official Use Only
$\square$ Class Cancelled $\square$ Student Withdrawal $\square$ Fail to complete class
Confirmation sent (Date) Other
Agency/Student Invoiced (Date) Payment Received (Date)

## **Sentinel Policy**

### **DRESS/ATTIRE**

Sentinel Firearms LC maintains a professional work environment in accordance with NM Department of Public Safety Standards, therefore, appropriate dress is required. Appriate range attire is required unless specifically altered by the course activity, as determined by the instructor. Individuals not in compliance may be dismissed or required to change into appropriate attire, and their agency will be notified.

### ATTENDANCE AND CONDUCT

Courses will generally be conducted between 9:00 a.m. and 5:00 p.m. on the starting date of each course, unless otherwise specified. Sentinel Firearms LC will administer registration procedures for the course. Students are expected to adhere to the safety procedures and attend all class sessions.

Following the first day of class, starting times and lunch breaks may be varied by the Instructor or Coordinator to meet special course needs.

Students are required to attend 100% of all scheduled training sessions in each course. When attendance conflicts occur, the Instructor will determine the remediation requirements and document all remediation action taken with each student in the course. 100% of course content must be delivered to the student.

No outside materials unrelated to the course will be allowed. This includes items such as newspapers, magazines, books, radio/CD players, etc. Cell phones and other messaging media will remain off during class, unless otherwise approved by the instructor. Students will have regular breaks during which phone calls, messages, and personal needs may be addressed.

Professional conduct of all students is required. Dismissal of students will be determined solely by the course instructor unless the conduct interferes with the operation of the facility.

# APPLICANT ACKNOWLEDGEMENT I have read and understand the dress/attire, attendance and conduct policy. I hereby understand that I am applying for the above course and I will be responsible for all charges for this course if my agency does not sponsor my participation. Applicant Name (Printed): \_\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_\_ AGENCY APPROVAL I hereby certify that the applicant is a member in good standing with my department. Attendance at the requested training program is authorized and my agency will be responsible for all charges. Agency Head/Designee Name (Printed): \_\_\_\_\_\_ Signature: \_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_