MONTANA BOARD OF PRIVATE SECURITY
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Helena, Montana 59620-0513
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FIREARMS QUALIFICATION AND RE-QUALIFICATION

PERSON QUALIFYING OR RE-QUALIFYING: _____
(Print Clearly)

Circle One: Private Investigator or Private Security Guard, License No: _____

Type of Firearm (the only weapon to be carried on the job): _____

I certify that I am currently authorized to conduct firearms training in the state of Montana under ARM 24.182.520 and that on _____DATE of TRAINING, the individual named above has successfully completed the course to either [check the applicable box] :

☐ initially qualify the individual and the individual's firearm in the course of the individual's duties as a private investigator or an armed security guard.

or

☐ re-qualify the individual and the individual's firearm in the course of the individual's duties as a private investigator or an armed security guard.

Instructor's Name: _____Date: _____
(Print Clearly)

Signature: _____

Current CFI License No: _____ or

Date POST-Certified to Instruct Firearms: _____

Instructions: This form is to be completed in 4 parts. One copy to the Board, one copy to the student, one copy to the employing firm and one copy retained by the instructor. If the Board Office Staff cannot read the student or instructor's name, armed status will not be approved.