

Montana Private Security Program
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, Montana 59620-0513
Phone: (406) 444-6880

Email: **DLIBSDHELP@MT.GOV**

Website: **PRIVATESECURITY.MT.GOV**

FIREARMS QUALIFICATION AND RE-QUALIFICATION

PERSON QUALIFYING OR RE-QUALIFYING: _____

Choose one: Private Security Guard Private Investigator

LICENSE #: _____

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

Make: _____ Model: _____ Caliber: _____

I certify that I am currently authorized to conduct firearms training in the state of Montana under ARM 24.182.520 and that on this date _____, 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 Department, one copy to the student, one copy to the employing firm and one copy retained by the instructor. If the Department Staff cannot read the student or instructor's name, armed status will not be approved.