



# Law Enforcement Training Advisory Commission

840 S. Spring Street, Suite B • Springfield, IL 62704

Phone (217) 726-7014 • Fax (217) 726-7833 • Email [letac@mtu10.com](mailto:letac@mtu10.com) • Website [www.letac.org](http://www.letac.org)

Bob Crouch, Director

**This completed form & all attachments should be mailed to the address above no later than 10 business days prior to class.**

## APPLICATION FOR MANDATORY FIREARMS TRAINING

### PUBLIC ACT 79-652

Full Name of Applicant:	
Applicant Phone #: ( )	Email:
Date of Birth:	Social Security #:
Home Address:	
Employment Status:	Full-time: _____ Part-time: _____ County Auxiliary: _____ Municipal Auxiliary: _____
Date of Appointment:	Hourly Rate of Pay: \$
Name of Department:	
Department Address:	
Department Phone #: ( )	Email:
Make, Model & Serial # of Duty Weapon:	
This Weapon is owned by: _____ Department _____ Officer	<i>A copy of the officer's valid FOID card must be attached to this form for all Auxiliary officers.</i>

#### **CERTIFICATION OF APPLICATION:**

I certify that the above named applicant is a police officer of the named department for the City/County of \_\_\_\_\_

and that the applicant will attend the Mandatory Firearms Training Course scheduled for the dates of \_\_\_\_\_.

The governmental unit submitting this application assumes all liability and relieves the Law Enforcement Training Advisory Commission, Mobile Team Unit #10, the Illinois Law Enforcement Training and Standards Board, all sponsoring agencies, and all participating instructors from all legal responsibility due to any part of this training. A Certificate of Liability Insurance showing the above named officer is covered under the department's liability insurance policy, and a photocopy of the officer's "Form E" (which has previously been submitted to ILETSB), have been attached to this form.

The above applicant has been subjected to a criminal and character background investigation, including the use of fingerprint cards processed through the Department of State Police and the Federal Bureau of Identification, and such investigation has thus far revealed no felony or crime involving moral turpitude. Moreover, the investigation has verified that the applicant is of good moral character

\_\_\_\_\_  
Signature of Mayor, Village Board President, County Board Chairman,  
or Authorized Government Representative

\_\_\_\_\_  
Printed Name of Certifying Official

**MTU #10 MANDATORY FIREARMS REGISTRATION POLICY:** Due to limited class size and the need to allow plenty of practice time and individual range master attention for class participants, the MTU #10 Advisory Board has implemented the following policy, effective immediately (October 1, 2009):

**Only member departments from MTU #10 will be permitted to enroll officers in Mandatory Firearms courses offered by LETAC. As an exception, Part-time officers from outside of MTU #10's geographical boundaries may be allowed to enroll if another MFT is not being offered in their local MTU prior to the start of the next Academy.**

MTU #10 Departments registering municipal auxiliary officers must also provide a copy of their local ordinance, which states the municipal auxiliary officers do not have "conservator of the peace" powers, and are thereby not required to attend a Basic Training course.

#### **TUITION:**

FT, PT, & County Auxiliary Officers from MTU #10 Local Member Departments = NO TUITION

Municipal Auxiliary Officers from MTU #10 Local Member Departments = \$50.00

All tuition payments must come from department, not individual officer. Pay by agency issued check only.

### **Illinois Law Enforcement Training & Standards Board Mobile Team Unit #10**

Serving the Counties of Christian • DeWitt • Logan • Macon • Mason • Menard • Montgomery • Sangamon

1. Type of Notice: Appointment **NOTICE OF APPOINTMENT/SEPARATION**  
 Separation **PLEASE TYPE ONLY**  
 Status Change (Do not use to change an officer from full-time to  
 part-time or vice versa - this requires an appointment)

Illinois Law Enforcement Training and Standards Board  
 4500 South 6th St Road, Rm 173  
 Springfield, IL 62703-6617  
 217-782-4540

<b>NOTICE:</b> The Board is requesting specific information that is necessary to accomplish the statutory requirements as outlined in Public Act 79-652 and Public Act 79-720. Disclosure of this information is <b>MANDATORY</b> . The Board could seek legal action against those agencies failing to disclose the required information.					
2. Name - Last		First	Middle	3. PTB ID (blank if none assigned)	4. Date of Birth
5. List <b>all</b> prior names used			6. Sex M F	7. Race AA AS CA HI NA	8. Highest Educ. Level Achieved HS SC A B M PhD
9. Agency Name, Address and Phone Number ( <b>Must be completed in full</b> )			10. Rank/Classification		
			11. Date of Appointment/Status Change (mm/dd/yy)		
12. The above named person's previous service as a peace/correctional officer was with					
Name of Agency		from (mm/dd/yy)		to (mm/dd/yy)	

**APPOINTMENT INFORMATION**

13. Law Enforcement Correctional Court Security Coroner State's Attorney Auxiliary Other	14. Work Status
<b>Has Completed:</b> LETSB Certified Law Enforcement Basic Training Course LETSB Certified Correctional Basic Training Course LETSB Certified Part-time Basic Training Course LETSB Certified Mandatory Firearms Training Course	Full Time Part Time Auxiliary w/Firearms Auxiliary w/ Conservator of Peace Power
<b>Other:</b> Trained out of state Has NOT satisfied the basic training Requirement	

**SEPARATION INFORMATION APPLICABLE TO CURRENT AGENCY**

15. Reason for Separation: Resigned Retired Terminated for Cause Deceased Convicted of Criminal Offense Other ( <b>Explain</b> )
Last date of employment with agency (mm/dd/yy):

**COMMENTS**

16.
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**ATTESTATION OF REPORTING OFFICIAL**

17. I attest that the information provided on this form is true and correct, and is based on my personal knowledge or inquiry. The personnel records of this agency substantiate this information.		
Signature of Chief Agency Administrator	Print Chief Agency Administrator's Name and Title	Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	r. N n FYt	FAX
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
		NAIC #

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL ***n	SUBR  wvn	POLICY NUMBER	POLICY EFF /MM/DD/YYYY	POLICY EXP CMM/DD/YYYY	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						Each Occurrence \$
	CLAIMS-MADE OCCUR						MEDEXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY DW; LOC						PRODUCTS • COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO SCHEDULED						BODILY INJURY (Per person) \$
	ALLOWED AUTOS						\$
	HIRED AUTOS NON-OWNED						BODILY INJURY (Per accident) \$
	AUTOS						\$
	UMBRELLA LIAB H						PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB OCCUR						\$
							EACH OCCURRENCE \$
							AGGREGATE \$
	DED RETENTIONS						WC STATU- IOTH \$
	WORKERS COMPENSATION D						E.L. EACH ACCIDENT \$
	AND EMPLOYERS' LIABILITY y n						PER POLICY \$
	OFFICE/MEMBER EXCLUDED? (Mandatory In NH)						E.L. DISEASE- EA EMPLOYEE \$
	If yes, describe under						E.L. DISEASE- POLICY LIMIT \$
	OFFICE/EMPLOYEE/...						

DESCRIPTION OF OPERATIONS | LOCATIONS | VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<p><b>CERTIFICATE HOLDER</b></p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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