Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

CERTIFICATION OF TRAINING PROGRAMS

If applying by endorsement, see the checklist at the end of this application for additional information

APPLICANT INFORMATION *(to be completed by the applicant)*

Applicant Name: _____ _____ _____ DOB:_____
First *Middle* *Last*

Address: _____ City: _____ State: _____ Zip: _____

APPROVED BASIC EDUCATION TRAINING PROGRAM:

(To be completed by the Authorized Trainer.)

Required for ALL Security Officer license types.

Program Name: _____

Name of Trainer: _____ Trainer Email: _____

Total Course Hours: _____ Exam Score%: _____

Date Course Completed: _____

Authorized Basic Education Trainer Attestation

I certify that the above-named applicant has successfully completed a Division Approved Basic Education Training Program, as set forth in Utah Admin. Code R156-63a-603 and Utah Admin. Code R156-63b-603. I further certify that I am an Authorized Trainer on file with the Division.

Signature of Authorized Trainer: _____ Date: _____

CERTIFICATION OF INITIAL FIREARMS TRAINING PROGRAM

(To be completed by the Authorized Trainer.)

For ARMED and ARMORED CAR APPLICANTS ONLY.

Program Name: _____

Name of Trainer: _____ Trainer Email: _____

Total Classroom Hours:_____ Classroom Score%: _____

Date Classroom Completed:_____

Total Range Hours: _____ Range Score%:_____

Date Range Completed: _____

Authorized Firearms Trainer Attestation

I certify that the above-named applicant has successfully completed a Division Approved Firearms Training Program, as set forth in Utah Admin. Code R156-63a-604 and Utah Admin. Code R156-63b-604. I further certify that I am an Authorized Firearms Trainer on file with the Division.

Signature of Authorized Trainer: _____ Date: _____