



## AUTHORIZED TRAINER REPORTING

Make additional copies as needed when adding more than two trainers

### COMPANY INFORMATION

Name of Security or Armored Car Company: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_ Utah License Number: \_\_\_\_\_

Name of person responsible for company training: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

*Note: All Division notices and communication will be sent to this email.*

### TRAINING PROGRAM INFORMATION

Name of Training Program used: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

Is the training program used:  Company Owned  Operated Under Third Party User Agreement

### AUTHORIZED TRAINERS FOR BASIC INSTRUCTION – CONTRACT SECURITY

Full Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Has this Trainer completed the required 4 hour Instructor Training?  YES  NO

Has this Trainer completed 3 years of required Supervisory Experience?  YES  NO

Full Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Has this Trainer completed the required 4 hour Instructor Training?  YES  NO

Has this Trainer completed 3 years of required Supervisory Experience?  YES  NO

### AUTHORIZED TRAINERS FOR BASIC INSTRUCTION – ARMORED CAR

Full Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Has this Trainer completed the required 4 hour Instructor Training?  YES  NO

Has this Trainer completed 3 years of required Supervisory Experience?  YES  NO

Full Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Has this Trainer completed the required 4 hour Instructor Training?  YES  NO

Has this Trainer completed 3 years of required Supervisory Experience?  YES  NO

### AUTHORIZED TRAINERS FOR FIREARMS INSTRUCTION

Full Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Current Firearms Instructor Certification:  POST  NRA  OTHER: (please list) \_\_\_\_\_

Full Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Current Firearms Instructor Certification:  POST  NRA  OTHER: (please list) \_\_\_\_\_

Signature of Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Position of the Authorized Signer: \_\_\_\_\_