

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 Num	ber:
Name of person responsible for company training:	
Phone: () – Email: Note: All Division notices and comm	
TRAINING PROGRAM INFORMATION	
Name of Training Program used:	
Name of Program Director:	
Phone: () – Email:	
Is the training program used: □ Company Owned □ Operated Under Th	ird Party User Agreement
AUTHORIZED TRAINERS FOR BASIC INSTRUCTION – CONTRACT SECURITY	
Full Name:License Number:	
Has this Trainer completed the required 4 hour Instructor Training?	
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?	
Has this Trainer completed 3 years of required Supervisory Experience?	
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?	
Full Name:License Number:	
Has this Trainer completed the required 4 hour Instructor Training?	
Has this Trainer completed 3 years of required Supervisory Experience?	
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:	
Signature of Authorized Signer:	_ Date:
Printed Name and Position of the Authorized Signer:	

Department of Commerce • Division of Professional Licensing (DOPL)Page 1Heber M. Wells Building • 160 East 300 South • P.O. Box 146741 Salt Lake City, UT 84114-6741www.dopl.utah.gov • telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511v20230417