

UNAUTHORIZED TRAINER REPORTING

Use this form to remove previously authorized trainers for your company or program as required under Utah Administrative Code§ R156-63a-602(8). Make additional copies as needed when removing more than two trainers COMPANY INFORMATION	
DBA (if applicable):	Utah License Number:
Name of Person Responsible for Company Training:	
Phone: () Email:	
TRAINING PROGR	RAM INFORMATION
Name of Training Program Used:	
Is the training program used:	Operated Under Third Party User Agreement
UNAUTHORIZED TRAINERS FOR BASI	c Instruction – CONTRACT SECURITY
Full Name:	License Number:
Reason for Removal:	
Full Name:	License Number:
Reason for Removal:	
UNAUTHORIZED TRAINERS FOR B	BASIC INSTRUCTION - ARMORED CAR
Full Name:	License Number:
Reason for Removal:	
Full Name:	License Number:
Reason for Removal:	
UNAUTHORIZED TRAINERS	FOR FIREARMS INSTRUCTION
Full Name:	License Number:
Reason for Removal:	
Full Name:	License Number:
Reason for Removal:	
Signature of Authorized Signer:	Date:
Printed Name and Position of the Authorized Signer	
the second se	ion of Professional Licensing (DOPL) Page 1 • P.O. Box 146741 Salt Lake City, UT 84114-6741

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