



**FORM CJT 727
FIREARMS CERTIFICATE TRAINING
ROSTER**

PRIVATE SECURITY / PRIVATE INVESTIGATOR / BAIL
BOND RECOVERY AGENT

Revised 10/2016

**INSTRUCTORS SUBMIT TO WSCJTC
pspi@cjtc.state.wa.us upon completion of
EVERY training.**

INSTRUCTIONS

1. **ONLY** PS Certified Firearms Instructors can complete this roster form.
2. Sign and date roster.
3. Scan and email to WSCJTC within 48 hours of completion of training.

Check One (Only **one** 8 or 4 hour course per roster.)

- 8-HR Firearms Certificate Initial Training**
- 4-HR Firearms Certificate Renewal Training**

FIREARMS CERTIFICATE TRAINING ROSTER

STUDENT LAST NAME, FIRST NAME	SSN (Last four)	AGENCY	FIREARM MAKE & MODEL	PASS/FAIL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

DATE OF TRAINING

CITY & RANGE NAME

INSTRUCTOR EMAIL

ADDITIONAL INSTRUCTOR LAST NAMES:

INSTRUCTOR PRINTED NAME

INSTRUCTOR SIGNATURE & DATE