License # _____ Company / License Holder Name _____ *FORM# T-3008*

Affidavit of Armed Training

***All** fields on this form are required for **all** armed employees, Minnesota Managers, and Qualified Representatives*

Employee Name (Last, First) **Qualified Representatives and Minnesota Managers are considered employees*	**Hire/Start Date in Armed Capacity (MM/DD/YY)**	**Weapon Type(s)**	**Date (MM/DD/YY) of Initial Armed Training**	**Initial Armed Course Number**	**Dates (MM/DD/YY) of Continuing Armed Training and Course Number**			
					1st Year Continuing Training Date (MM/DD/YY)	**1st Year Continuing Training Course Number**	**2nd Year Continuing Training Date (MM/DD/YY)**	**2nd Year Continuing Training Course Number**

License Holder Signature: _____ Date Completed: _____

This form is available on our website https://dps.mn.gov/entity/pdb, under the training area - "Compliance Documents", in WORD and EXCEL formats that will allow you to enter information and save to your computer. You may also copy this form as needed for your use.