License # _____ Company / License Holder Name _____ *Form# T-3007*

Affidavit of Training

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

Employee Name (Last, First) **Qualified Representatives and Minnesota Managers are considered employees*	**Minnesota Hire Date (MM/DD/YY)**	**Date (MM/DD/YY) BCA & FBI Background Checks Completed**		**Date (MM/DD/YY) ID Card Issued** **Applicable to all employees, Minnesota Managers, and Qualified Representatives*	**Date (MM/DD/YY) Preassignment Training Completed** **To be taken within 21 days of hire date.*	**Preassignment Training Course Number**	**Dates (MM/DD/YY) of Continuing Training and Course Numbers**				**Armed? Yes/No** *(If yes, complete page 2)*
		BCA	**FBI**				**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 taht will allow you to enter information and save to your computer. You may also copy this form as needed for your use.