

AFFIDAVIT of EMPLOYEE TRAINING

LICENSE #

Company / License-Holder Name:

| Employee Name (Last, First) | Hire Date (mm/dd/yy) | Date (mm/dd/yy) BCA & FBI Checks Completed | | Date (mm/dd/yy) ID Card Issued | Date (mm/dd/yy) Preassignment Training Completed & Name of Training Provider | Date (mm/dd/yy) Continuing Training Completed & Name of Training Provider | | Armed? Yes / No (if yes, complete page 2) |
|--------------------------------|-------------------------|--|-----|--------------------------------|--|---|--------|---|
| | | BCA | FBI | | | (year) | (year) | |
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I, _____ (signature), the Individual license holder, or the Qualified Representative or Minnesota Manager, certify that all employees performing licensable services have completed required training, had required BCA and FBI record checks, and have been issued identification as specified in Minnesota Statutes.

On this _____ day of _____, before me, a Notary Public, personally appeared the above whose signature is affixed hereto, to me known as the person who executed this document, who upon being duly sworn, stated upon oath that the statements made on this form are true as of his/her own knowledge.

SEAL

County / State of: _____ Notary

My Commission Expires: _____

NOTE: One notarization per completed Affidavit.

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This form is available on our website <https://dps.mn.gov/entity/pdb>, (under the Training/Compliance Documents) in several formats, that will allow you to enter information and save to your computer. You may also copy this form as needed for your use.

| Armed Training (Complete this page for each Armed employee on Page 1) | | | |
|---|--|--|--------|
| Weapon Type(s) | Date (mm/dd/yy) of Initial Armed Training & Name of Training Provider | Dates (mm/dd/yy) of Continuing Armed Training & Name of Training Provider | |
| | | (year) | (year) |
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