



STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services

1430 Maryland Avenue East, St. Paul MN 55106

INSTRUCTOR APPLICATION FORM

THIS IS REQUIRED DOCUMENTATION FOR INSTRUCTING A BOARD CERTIFIED COURSE

INSTRUCTOR NAME: _____

CURRENT JOB TITLE: _____

EMAIL: _____

PHONE NUMBER: _____

COURSE INFORMATION

No training course will be approved without the instructor information as specified, accompanied by an instructor's resume and the course description to meet the requirements in Board Administrative Rule 7506.2200 and 75.062300 subpart 1 items A through G. Any trainer seeking course approval must include this information on any and all instructors that will or may be used for the course for which you are seeking approval. This material will be evaluated along with course content analysis and will not be reviewed independently of a course application.

Name of Course(s) you will be Instructing:

Board Certified Course Number(s):

TRAINING PROVIDER INFORMATION

Company:

Contact Email:

Address (MN if applicable):

Phone Number:

Website:

CHECK ALL OF THE FOLLOWING IN WHICH YOU ARE CERTIFIED TO INSTRUCT

- Firearms **must provide proof from law enforcement agency, government, or nationally recognized organization*
- First Aid
- CPR
- Other Weapons/Equipment **must provide proof from manufacturer*
- Physical Restraint Techniques
- Other _____



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List the name and address of the organization where you received your certification, as well as the date of certification

Organization Name:

Address:

Date:

Organization Name:

Address:

Date:

Organization Name:

Address:

Date:

Organization Name:

Address:

Date:

Organization Name:

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CHECKLIST

(please complete the checklist by checking off the boxes next to the items completed)

<input type="checkbox"/>	Application form with ALL requested information and appropriate signature(s).
<input type="checkbox"/>	Resume of instructor outlining their training experience.
<input type="checkbox"/>	Copies of instructor certification(s).

ACKNOWLEDGEMENT AND VERIFICATION

I AFFIRM THAT THE INFORMATION GIVEN HERE IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE. I AFFIRM THAT A CURRENT RESUME AND CERTIFICATION(S) FOR EACH TRAINER TEACHING THIS COURSE IS ATTACHED TO THIS APPLICATION. I AFFIRM THAT THIS APPLICATION IS ONLY FOR INSTRUCTORS BEING ADDED TO AN EXISTING COURSE THAT WAS PREVIOUSLY CERTIFIED WITH THE BOARD. I AFFIRM THAT AN APPLICATION IS REQUIRED FOR EACH NEW INSTRUCTOR BEING ADDED TO A COURSE.

SIGNATURE: _____ **DATE:** _____