

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703
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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

INFORMATION FOR COMPLETING FIREARMS CERTIFICATION OF PROFICIENCY APPLICATION FORM

This form is required for Initial Certification in Wisconsin for any other situation when a person is required to obtain the complete 36-hour firearms training course before carrying a firearm while on duty as a Private Security Person or Private Detective.

An owner or officer of a licensed Private Detective Agency (**note that Private Security Companies are licensed as Private Detective Agencies**) must obtain a permit from the Department of Safety and Professional Services for each officer or employee who will carry a firearm while on duty as a Private Security Person, except as provided in Wis. Admin. Code SPS § 34.01 (5) to (8).

The permit is based on the certification of a Department approved Firearms Proficiency Certifier that the owner or employee has successfully completed required firearms training. It is also conditioned on the following:

- The circumstances of an assignment give rise to a substantial need for being armed.
- The agency has submitted a firearms policy to the Department.
- The owner or employee is not prohibited from possessing a firearm by state or federal law.

Initial, Renewal, or Reinstatement of Permit:

Application for Firearms Certification of Proficiency (Form #467): Must be signed by an owner or officer of the Private Detective/Security Agency, the Firearms Certifier, and the person who will carry the weapon.

All applicants must attach a copy of the Private Security Permit issued by a Wisconsin Law Enforcement Agency, except those who are licensed Private Detectives.

Training Requirements for a Person who will Carry a Firearm:

- **Initial:** A person obtaining an initial permit must have successfully completed the required 36 hours of training per Wis. Admin. Code SPS § 34.03.
- **Renewal:** A person renewing a permit must complete a 6-hour refresher course.
- **Reinstatement:** A person who has not obtained a Certificate of Proficiency within the five (5) years preceding the date of application for a permit must complete the full 36-hour course.
- **A person from another licensing jurisdiction (state, province, etc.) for whom an initial permit is being obtained in Wisconsin may satisfy the training requirement by successfully completing the 6-hour refresher course, provided that the following conditions apply:**
 - The person received at least 30 hours of firearms training in the other jurisdiction.
 - The person was authorized by the other jurisdiction or a governmental agency to carry a firearm while on duty as a Peace Officer, a Security Person, or a Private Detective at any time during the five (5) years preceding application for a permit.

Conviction of Crime: A person, who has been convicted of a felony, unless pardoned, may not receive a Firearms Permit from the Department. A person who has been convicted of a misdemeanor crime of domestic violence, unless pardoned, may not receive a Firearms Permit from the Department per 18 U.S.C. § 922(g)(9). A person who has been convicted of one (1) or more misdemeanors may be approved, depending on the nature of the crime, the number of crimes, and evidence of rehabilitation.

If an applicant was EVER convicted of a felony in Wisconsin or any other state and not pardoned, the applicant's application will be denied. There are no exceptions.

Approved Firearms Certifiers: Firearms Certifiers must be approved by the Department before certifying that a person has completed the required firearms training. Complete and submit the Application for Approval of Firearms Proficiency Certifier (**Form #1912**) to apply for a Firearms Certifier license. The Department maintains a current list of approved Firearms Proficiency Certifiers (see [Approved Firearms Instructors \(Form #2698\)](#)).

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

APPLICATION FOR FIREARMS CERTIFICATION OF PROFICIENCY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	MI <input style="width: 90%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
Address (street, city, state, zip) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	
Mailing Address (if different) <input style="width: 95%;" type="text"/>		Date of Birth <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 20%;" type="text"/>	
Social Security # <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 20%;" type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Provide your WI Private Security and/or Private Detective license number(s):			<input style="width: 95%;" type="text"/>
Email Address <input style="width: 95%;" type="text"/>			
Name of Private Detective/Security Agency <input style="width: 95%;" type="text"/>		Agency License Number <input style="width: 95%;" type="text"/>	
Address of Agency to send Firearms Permit (street, city, state, zip) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	
APPLICATION FEES: No Fee is Required. Please check applicable box. <input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal of Certification <input type="checkbox"/> Reinstatement of Certification (expired more than five (5) years)		For Receiving Use Only	
FOR OFFICE USE ONLY: Is the Agency's firearms policy on file? <input type="checkbox"/> Yes <input type="checkbox"/> No The applicant is covered under an Agency insurance policy which includes firearms coverage through: Date: <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 20%;" type="text"/> Firearms Certification of Proficiency is valid through: Date: <input style="width: 10%;" type="text"/> / <input style="width: 10%;" type="text"/> / <input style="width: 20%;" type="text"/>			

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Firing Range <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		Address of Firing Range (street, city, state, zip) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
Name of Location where Classroom Instruction was provided <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		Address of Classroom (street, city, state, zip) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
Date(s)	Start Time/End Time	Date(s)	Start Time/End Time
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A separate Certification of Proficiency is required for each type of firearm, such as a revolver, semi-automatic, or shotgun, which an owner or employee may carry when on duty as a Private Security Person. List the type(s) of weapon(s) for which training was provided:

Wisconsin Department of Safety and Professional Services

Training Program Information: One instructor may provide the complete 36-hour training program or two instructors may provide various segments of the program. This is to certify that the above-named person has completed a training program of **not less than 36 hours** in the specific topics required by Wis. Admin. Code § SPS 34.03.

<p><u>Instructor who presented the complete course or part of the course.</u></p> <p>Number of Hours Presented <input style="width: 100%;" type="text"/></p> <p>Name of Instructor <input style="width: 100%;" type="text"/></p> <p>Signature of Instructor <input style="width: 100%;" type="text"/></p>	<p><u>Second Instructor if two (2) Instructors presented the course.</u></p> <p>Number of Hours Presented <input style="width: 100%;" type="text"/></p> <p>Name of Instructor <input style="width: 100%;" type="text"/></p> <p>Signature of Instructor <input style="width: 100%;" type="text"/></p>
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To be Completed by the Owner, Officer, or Partner of Private Detective/Security Agency:

I hereby attest that, to the best of my knowledge, the information on this form is accurate. Our agency, therefore, requests that a permit to carry a firearm while on duty as a Private Security Person be granted to the individual named on Page 1 of 3.

I attest that the owner of the agency named on Page 1 of 3, has never been convicted of a misdemeanor or a felony or has pending charges against them, has never surrendered, resigned, canceled, or been denied a professional license or credential in Wisconsin or any other jurisdiction, has never had any licensing or any other credentialing agency taken or has pending disciplinary action against them including but not limited to any warning, reprimand, suspension, probation, limitation or revocation **or** I have attached details of past or pending criminal or licensing actions on an attached sheet.

Signature of Owner, Officer, or Partner: Date / /

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

I hereby attest that I have not been convicted of a felony or a misdemeanor crime of domestic violence per 18 U.S.C. § 922(g)(9), and that I am not prohibited by any applicable federal or state law from carrying or being in possession of a firearm.

I further attest that I have read and understand Wis. Stat. § 941.29.

Signature of Applicant: Date: / /