



State of Nevada
Private Investigators Licensing Board

400 W. King Street, Suite 101
Carson City, NV 89703
Telephone: (775) 684-3125
Fax: (775) 687-3226

3110 S. Durango Drive, Suite 203
Las Vegas, Nevada 89117
Telephone: (702) 486-3003
Fax: (702) 486-3009
E-mail: VSaladino@pilb.nv.gov

Dear Applicant:

Thank you for your interest in becoming a **Certified Firearm Instructor**. We have included an application along with this checklist for you to complete. Please mail or drop off your completed application along with all supplemental documents to our Las Vegas Office:

- 3110 S. Durango, Suite 203, Las Vegas, NV 89117

CFI APPLICATION CHECKLIST

NOTE: Applicants must be 21 years of age.

- \$100.00** certification fee *non-refundable* (made payable to **NV PILB**)
- \$20.00** application processing fee *non-refundable* (made payable to **NV PILB**)
- \$40.25** fingerprint processing fee *non-refundable* (made payable to **NV DPS**)
 - One FBI approved fingerprint card (FD-258)
- Completed CFI application
- Copy of birth certificate or U.S. passport
- Copy of Driver's License or State I.D. card
- Proof of employment eligibility if born outside of the U.S. (U.S. Passport, permanent resident card, certificate of born abroad, certificate of naturalization, employment eligibility card, etc.)
- One 2x2 inch color "passport" photo
- A copy of DD 214 form for any military service
- Civil applicant waiver
- Certificates of Support of Experience and Qualifications (for each qualifying employment)

***MINIMUM QUALIFICATIONS* (If you do not meet the following qualifications you are not eligible to apply.)**

- Evidence of your successful completion of at least 40 hours of training on the instruction of peace officers, security officers or military personnel in carrying, handling and using firearms safely; and
- Evidence of your certification as an instructor for peace officers, security officers or military personnel for each type of firearm for which you wish to provide such instruction.

NOTE: Additionally, you will be required to successfully pass a written examination and qualify with the course of live fire established by the board pursuant NAC 648.346. The minimum passing score is 275 out of 300 on a full-size B27-type target. You will also be required to demonstrate knowledge of the minimum curriculum outlined in NAC 648.346 by successfully teaching any section of the course with not more than 15 minutes notice from an instructor designated by the board. Ref: NAC 648.345 Paragraph 2, NRS 648.110 (Firearms Instructor).



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APPLICATION FOR CERTIFICATION AS AN INSTRUCTOR OF SAFETY AND TRAINING IN THE USE OF FIREARMS

This application will be used by the Private Investigators Licensing Board to consider you for certification as a Firearm Instructor in Nevada. Please read each question carefully before answering. Answer all questions truthfully, as any deliberate omissions, errors, or fraudulent answers will be sufficient grounds for the rejection of your application. Willfully withholding information or making false statements will be the basis for the immediate rejection of this application and denial for certification. Please ensure all answers are complete and true to the best of your knowledge.

*** If a question is not applicable to you please write *N/A*.**

1. Applicant Information

First Name:	Middle:	Last:	Suffix:
Date of Birth: (MM/DD/YYYY)	Social Security Number:	Sex: M F (Please circle)	
Hair Color:	Eye Color:	Height:	Weight:
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Driver's License/State ID #:	Issuing State:	Expiration Date:	
Passport Number:	Issuing Country:	Expiration Date:	
Contact Information			
Mailing Address:	Apt/Unit#		
City/State/Zip:	Physical same as Mailing Address: Yes No		
Physical Address:			
Home #: ()	Cell #: ()		
Email Address: <i>Correspondence will be sent to this email address.</i>			

**List any Alias/Maiden Names
Other than your current name**

First Name	Middle Name	Last Name
1.		
2.		

**Citizenship Information
Please check one**

<input type="checkbox"/>	I am a natural born US citizen	City/State of Birth:		
<input type="checkbox"/>	I am not a natural born US citizen <i>You must provide a copy of your permanent resident card or employment authorization card</i>	County of Birth:	Alien Card #:	Expiration Date:
<input type="checkbox"/>	I am a naturalized citizen <i>You must provide your naturalization number</i>	Naturalization #:		Country of Birth:

Military Service

<p>Have you served in the military?</p> <p><i>If yes, when? From: _____ To: _____</i></p> <p><i>What Branch: _____ Rank: _____</i></p> <p><i>Type of Discharge (Please circle one):</i> Honorable General Dishonorable Other: _____</p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>
<p>Do you serve in a reserve or volunteer law enforcement program?</p> <p><i>If yes, what agency: _____</i></p> <p><i>Agency Address: _____</i></p> <p><i>Type of Program: _____ Your Title: _____</i></p> <p><i>IF YES, PLEASE CONTACT OUR OFFICE [702-486-3003] AND ASK FOR OUR CERTIFIED FIREARM SPECIALIST <u>BEFORE CONTINUING.</u></i></p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>

Please list and describe the location and facilities where you will provide the firearms instruction:

Name of Location: _____

Address: _____

Name of Location: _____

Address: _____

Name of Location: _____

Address: _____

Child Support

You MUST check one of the boxes (if you DO NOT have children check #1)

#1 <input type="checkbox"/>	I am not subject to a court order for the payment for the support of a child in any state.
#2 <input type="checkbox"/>	I am subject to a court order for the payment for the support of one or more children in Nevada or any state and I am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public or private agency enforcing the order for the repayment of the amount owed pursuant to the order.
#3 <input type="checkbox"/>	I am subject to a court order for the payment for the support of one or more children and I am NOT in compliance with the order or DO NOT have a plan approved by the District Attorney or other public or private agency enforcing the order for the repayment of the amount owed pursuant to the order.

2. Evidence of Qualifications and Experience (Minimum Requirements)

Please submit documentary evidence of your qualifications and experience that meets the minimum qualifications as outlined below:

You must submit:

- a) A copy of your certificate for the successful completion of at least 40 hours of training on the instruction of peace officers, security officers or military personnel in carrying, handling and using firearms safely; **and**
- b) A copy of your certification as an instructor for peace officers, security officers or military personnel for each type of firearm you wish to provide instruction.

*** COPIES OF APPLICABLE CERTIFICATES AND DOCUMENTATION MUST BE ATTACHED.**

3. Employment and Qualifying Experience

List all jobs starting with the most recent. Please ensure *Percentage of Time* equals 100%.

*** A CERTIFICATION OF EXPERIENCE AND QUALIFICATIONS (CSEQ) MUST BE PROVIDED FOR EACH POSITION YOU WOULD LIKE TO RECEIVE *QUALIFIED CREDIT* FOR. IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL PAGES.**

1. From: _____ To: _____
Employer: _____
Title: _____ Address: _____
Company Contact Name: _____ Company Contact Phone #: _____
Reason for Leaving: _____

Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____

2. From: _____ To: _____ Employer: _____
Title: _____ Address: _____
Company Contact Name: _____ Company Contact Phone #: _____
Reason for Leaving: _____

Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____

Employment and Qualified Experience continued

3. From: _____ To: _____ Employer: _____
Title: _____ Address: _____
Company Contact Name: _____ Company Contact Phone #: _____
Reason for Leaving: _____

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:

4. From: _____ To: _____ Employer: _____
Title: _____ Address: _____
Company Contact Name: _____ Company Contact Phone #: _____
Reason for Leaving: _____

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:

Employment and Qualified Experience continued (Please write legibly)

Please provide a detailed statement of the your qualifications and experience in carrying, handling and using firearms. _____

Please provide a detailed statement of the your qualifications and experience in providing instruction to other persons in carrying, handling and using firearms safely, including, without limitation, the your experience in providing instruction to peace officers, security officers or military personnel in carrying, handling and using firearms safely. _____

4. Criminal Record

Failure to list ALL incidents may result in the denial of your application

DO NOT list speeding, parking, or minor traffic violations

Please note: Pursuant to NAC 648.339 The Board **may deny** an application if the applicant has been convicted of a felony or a crime involving moral turpitude or the illegal use or possession of a dangerous weapon.

1. Have you ever been convicted of a **felony charge**?

Please circle one

YES NO

2. Have you ever been convicted of a crime involving the illegal use or possession of a **dangerous weapon**?

Please circle one

YES NO

If yes, list all arrests, indictments, or orders to appear in court for any felony charge(s), or any illegal use or possession of a weapon/CCW related arrests, criminal citations, indictments, and orders to appear in court. Regardless of the final disposition (outcome).

1. Date: _____ Arresting Agency: _____
Charge(s): _____
Name of Court: _____ Location of Court: _____
Explanation of Disposition (outcome): _____

2. Date: _____ Arresting Agency: _____
Charge(s): _____
Name of Court: _____ Location of Court: _____
Explanation of Disposition (outcome): _____

3. Date: _____ Arresting Agency: _____
Charge(s): _____
Name of Court: _____ Location of Court: _____
Explanation of Disposition (outcome): _____

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL PAGES.

Criminal History Continued

If additional space is needed please attach additional pages.

**1. In the chart below list ALL arrests, citations and orders to appear in court
Failure to list ALL events may result in the denial of your registration application**

- List **All** charges and/or citations regardless if placed in handcuffs
- List **All** charges regardless if they were expunged, dismissed or denied
- List **All** charges regardless if dismissed under California PC 1203.4
- List **All** charges regardless of how long ago the incident occurred
- List **All** charges regardless of what State it occurred in
- **Do not** list parking or minor moving violations

Check here if - This section not applicable to you

1. Date: _____ Arresting Agency: _____
Charge(s): _____
Explanation of Disposition (outcome): _____

2. Date: _____ Arresting Agency: _____
Charge(s): _____
Explanation of Disposition (outcome): _____

3. Date: _____ Arresting Agency: _____
Charge(s): _____
Explanation of Disposition (outcome): _____

4. Date: _____ Arresting Agency: _____
Charge(s): _____
Explanation of Disposition (outcome): _____

5. Date: _____ Arresting Agency: _____
Charge(s): _____
Explanation of Disposition (outcome): _____

Criminal History Continued

1. Are you a convicted sex offender?	Please circle one YES NO
a) If you are a convicted sex offender, are you in compliance regarding the registration requirements under Nevada law? <i>If this question does not apply to you please circle N/A</i>	Please circle one YES NO N/A
2. Are you currently on probation? <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised Date Started Probation: _____ Date Probation Expires: _____ Reason for probation: _____ City and State: _____ Next Scheduled Court Date: _____ Probation Officer's name: _____ Officer's Contact #: _____	Please circle one YES NO
3. Do you have an active protection/restraining order issued against you? Date Order Started: _____ Date Order Expires: _____ Reason for Order: _____ City and State: _____ Next Scheduled Court Date: _____ Relationship to person(s) Who Filed Order: _____	Please circle one YES NO

Personal Declarations Continued

1. Have you ever held any occupational license issued by any federal, state or local governmental authority? <i>If yes, when? From: _____ To: _____</i> <i>License Number: _____</i>	Please circle one YES NO
2. Has such license ever been revoked or suspended? <i>If yes, please explain: _____</i> _____	Please circle one YES NO
3. List all of the States where you or your company, business, corporation or partnerships are currently licensed. <i>Company Name: _____ State: _____ Good Standing: Y N</i> <i>Company Name: _____ State: _____ Good Standing: Y N</i> <i>Company Name: _____ State: _____ Good Standing: Y N</i>	

<p>4. Have you or any company you were ever associated with ever been investigated or disciplined by this Board or any Board in another state? <i>If yes, please explain for whom, when, where, and why:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>
<p>5. Do you or your company (business), corporation or partnership currently have any offices in the State of Nevada? <i>If yes, list all offices (include addresses and phone numbers).</i></p> <p>Address: _____ Phone #: _____</p> <p>Address: _____ Phone #: _____</p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>
<p>6. Have you ever committed or been accused (regardless of the outcome) of any act constituting dishonesty or fraud? <i>If yes, explain the circumstances and how it was resolved:</i></p> <p>_____</p> <p>_____</p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>
<p>7. Have you ever demonstrated or been accused (regardless of the outcome) of any act constituting untruthfulness or a lack of integrity? <i>If yes, explain the circumstances and how it was resolved:</i></p> <p>_____</p> <p>_____</p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>
<p>8. Have you made any false or misleading statement(s) in this application? <i>If yes, please explain:</i></p> <p>_____</p> <p>_____</p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>
<p>9. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person which might reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States? <i>If yes, please explain:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Please circle one</p> <p>YES</p> <p>NO</p>

I, _____, have read the foregoing document and have answered all
 (Print full name)
 questions fully and honestly. I am aware that willfully withholding information or making false statements on this application may be the basis for the immediate rejection of this application and denial for licensure. The answers provided are complete and true to the best of my knowledge.

Original Signature, no copies or stamps accepted

Date

Print Name

CERTIFICATION IN SUPPORT OF EXPERIENCE AND QUALIFICATIONS(CSEQ)

Please provide one support of experience and qualifications form for each position you would like to receive *qualified credit* for.

To prevent possible delays of your application please read the following instructions thoroughly:

A qualified, responsible person who is able to certify the work experience of the applicant must complete the Certification in Support of Experience and Qualifications (CSEQ) forms. **Friends or family may not complete a CSEQ.** These forms will help the PILB determine whether the applicant has the experience necessary to meet the category of certification requirements.

Each declarant must:

- Be 18 years of age or older
- Have direct knowledge to attest to the level of experience, knowledge, and skills the applicant possesses
 - Direct knowledge- means personal knowledge of the experience that does not depend on outside information or hearsay.
- Must have held a position of seniority over the applicant
 - Owner, Director, President, Manager, Supervisor, Human Resources, etc.

CSEQ forms must be:

- Completed by the declarant
- Notarized
- Sent directly to the PILB **from the declarant**
 - Return address: 3110 S. Durango Dr. Suite 203 Las Vegas, NV 89117
 - Please ensure each declarant is aware their CSEQ form must be received within a timely manner to avoid any delays in processing your application



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Certificate in Support of Experience and Qualifications (CSEQ)

Applicant's Name: _____ **Applying For:** Certified Firearm Instructor

This individual is applying for a certification with our agency. Please provide information based on the duties and responsibilities they performed during employment with you, specifically related firearm instructor duties.

Declarant's Information

Full Name: _____ Date of Birth: _____

Address: _____

Home #: _____ Cell #: _____ Business #: _____

Email Address: _____

Relationship to Applicant: _____ How long have you known applicant: _____

Applicant's Employer: _____

Record of Applicants Work Experience: Part Time
 Full Time
To your knowledge how many total Years or Hours of related work experience can you verify: _____ years _____ hours

Please list the title(s) and the duration the applicant held for each position. Percentage must equal 100%

1. Title Held: _____ From: _____ To: _____

Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____
Duty: _____	Percentage of Time: _____

Declarant's Initials

Certificate in Support of Experience and Qualifications (CSEQ)

Applicant's Name: _____ **Applying For:** Certified Firearm Instructor

This individual is applying for a certification with our agency. Please provide information based on the duties and responsibilities they performed during employment with you, specifically related firearm instructor duties.

Please list the title(s) and the duration the applicant held for each position. Percentage must equal 100%

2.
Title Held: _____ *From:* _____ *To:* _____

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:

3.
Title Held: _____ *From:* _____ *To:* _____

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:

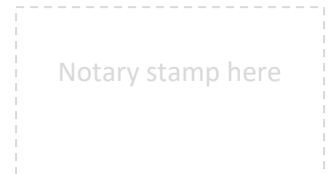
IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL PAGES.

The undersigned hereby certifies, under penalty of perjury, that all statements contained herein are true and correct.

State of _____

County of _____ Signature _____

Sworn to and subscribed before me this _____ day of _____, 20_____.



Notary Signature _____