

NORTH EAST MULTI-REGIONAL TRAINING, INC.

355 Smoke Tree Plaza

North Aurora IL 60542

Phone: (630) 896-8860 Fax: (630) 229-0206

Consent for Participation in 40 Hour Mandatory Firearms Training

Participant's Name: _____

Date of Appointment: _____

Employment Status (choose one):

Full-Time _____ Part-Time _____ Auxiliary _____

*Has a copy of this officer's Form E Card been included with this waiver?

*Has the original Form E Card been forwarded to the Illinois Law Enforcement Training Standards Board?

I agree that my agency and the personnel I am sending to this 40 Hour Mandatory Firearms Training Program will abide by the regulations, and procedures set forth by the Illinois Law Enforcement Training Standards Board and North East Multi-Regional Training.

I also agree that the personnel I am sending to this 40 Hour Mandatory Firearms Training Program will be participating as part of their official assigned duties.

Course Dates: _____

Assigning Agency: _____

Signature of Chief: _____

Please Note: This information must be completed and returned to NEMRT offices prior to the first day of class.