



NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD



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Raleigh, North Carolina 27612
Phone: (919) 788-5320 • Fax: (919) 788-5365
E-Mail: PPSASL@ncdoj.gov
Web Page: www.ncdoj.gov/PPS.aspx

REQUEST FOR TRAINING SERVICES

1. Name: _____
First Middle (Maiden) Last

2. Social Security Number: _____ 3. Date of Birth: _____

*NOTE: The Social Security Number is used to make positive identification of applicants, trainers, and licensees. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of your application and may result in inaccurate records being assigned to you.

4. Current Residential Address: _____

5. E-mail: _____ 6. Home Telephone: (____) _____

7. Current Employer: _____

8. Address: _____
Street & Number City State Zip Code

9. Business Phone: (____) _____ Fax: (____) _____

10. Current Position/Duties: _____

11. Summary of Education and Experience that determines qualification for the below courses:

I request to attend one or more of the below PPS Trainer Course(s).

****IMPORTANT NOTE:** In order to qualify for certification as a Unarmed Guard Trainer, each person must meet the requirements as specified in 12 NCAC 07D .0909 (NC Administrative Rules) and 12 NCAC 07D .0901 for Firearms Trainer. Please check one or more of the below boxes.

**General Instructor for PPS Course (unarmed guard trainer)
requires one year of experience and must be registered armed or unarmed**

Firearms Trainer Course (general instructor course required prerequisite)

I certify that I have read the above statement and that I meet or exceed the qualifications specified in 12 NCAC 07D .0909 (NC Administrative Rules) or 12 NCAC 07D .0901 if applying for Firearms Trainer Course

Signature: _____ **Date Signed:** _____

