

Northwest Illinois Criminal Justice Commission

355 West Everett Street - Dixon, IL 61021 Phone: 815-288-6695 - Fax: 815-288-6787

Chairman of the Board
Sheriff Kevin Turner

www.mtu1.com

Regional DirectorDouglas E. Fargher

4 hr. Mandatory Firearms Training (PA90-626) Waiver

To whom it may concern:

Please find enclosed with this letter a copy of the forms that need to be supplied to the Northwest Illinois Criminal Justice Commission for each employee you are sending to the 4 hr. Mandatory Firearms Training (PA90-626) waiver. The forms are designed for you to fill in the box and then print for signatures. They need to be supplied to my office as soon as possible and must be received seven days prior to the student attending the training. They can be scanned and sent via email, but we need the original signatures as well. The items are as follows:

- 1. ILETSB letter authorizing the 4 hr. Mandatory Firearms Training (PA90-626) Waiver
- 2. The "Course Enrollment Form" (one per student)
- **3. Indemnification Agreement form**. (one per student) This agreement must be signed by an official of the local government entity or by an official of the agency involved who has the legal power to enter into such an agreement.
- **4. Proof of Liability Coverage**, (one per class) the Northwest Illinois Criminal Justice Commission requires verification of LIABILITY INSURANCE coverage. Please send us a Certificate of Liability Insurance verifying that his/her respective department covers the student.
- 5. A copy of the Notice of Appointment/Separation form, (Form E) http://www.ptb.illinois.gov/media/1199/form-e-fillin.pdf The original, completed, "Form E", should have been mailed ASAP to the Illinois Law Enforcement Training & Standards Board, 4500 South Sixth Street Road, Room 137, Springfield, IL. 62703-6617. C/o Ms. Jan Allen.

All the requested forms are critical to the enrollment process. The 4 hr. Mandatory Firearms Training (PA90-626) waiver is only permitted after receiving written authorization from ILETSB.

Sincerely,

Douglas Fargher Regional Director



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COURSE ENROLLMENT FORM

Session date:					
Name:(Last)	(First)	(Middle)			
(Last)	(First)	(Wildule)			
PTB Number					
Agency					
Agency Address					
Agency Phone Number:	Date of Er	mployment:(MM/DD/YY)			
Employment Status:	Enter one of the fol	lowing letter codes:			
	CF—Corrections Full Time PT—Part time Officer				
Please provide hourly salary ra	ate: \$ per hour				
Signature:					

NOTE: The above registration is necessary for compliance with the Inter-Governmental Law Enforcement Officer in Service Training (P.A. 82-674)



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Indemnification Agreement

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