
INSTRUCTIONS TO STUDENT

THE ORIGINAL COPY OF THIS FORM MUST BE SUBMITTED AND PHOTOCOPIES AND/OR ALTERATIONS ARE UNACCEPTABLE
SIGN WITH PEN OR BALL POINT PEN AND DO NOT USE FACSIMILE STAMP.

OPTIONAL NON-FIREARMS CERTIFICATION

I, _____, after receiving an unsatisfactory score in the
NAME OF STUDENT
Firearms Training Module of the course listed on the reverse side hereof, request that I be certified under the
Act to carry lethal weapons, except firearms.

DATE

SIGNATURE OF STUDENT

STUDENT CERTIFICATION

I, _____, hereby certify to the Pennsylvania State Police
NAME OF STUDENT
that I have personally and thoroughly reviewed the Lethal Weapons Training Act and the Rules and Regulations
promulgated by the Commissioner (Pennsylvania Code, Title 37, Chapter 21 et seq); and that I have received a copy
of same from the Certified School listed on the reverse side hereof. Furthermore, I certify that I understand the Act
and the Rules and Regulations and will strictly conform with the same. I am signing this document with the full
understanding that any false information or statement will subject me to the criminal penalties of 18 Pa. C.S.
§ 4904, relating to unsworn falsification to authorities.

DATE

SIGNATURE OF STUDENT