

COMMONWEALTH OF PENNSYLVANIA
APPLICATION FOR AGENT CERTIFICATION
LETHAL WEAPONS TRAINING ACT

8002 Bretz Drive
Harrisburg, PA 17112-9748

717-346-4087
www.lethalweapons.state.pa.us

INSTRUCTIONS

GENERAL

1. Ensure that each block or question is completed before you submit the application.
2. Type or print in ink. If more space is needed, use an additional 8½" x 11" sheet of paper.
3. Applicant must be 18 years or older; proof of age and identity must be provided at the Pennsylvania State Police Station.
4. All statements made on this application are subject to verification. Any falsification may constitute the basis for permanent disqualification for certification and criminal prosecution.
5. The issuance of a certification to a privately employed agent does not grant such agent the right or privilege to carry, possess, own, or have under his control a firearm contrary to the provisions of the Pennsylvania Uniform Firearms Act (Title 18, Crimes Code, Section 6101 et seq).
6. An applicant must notify the department in writing of a change of address within five days.

WAIVER

Complete this section only if you are requesting a waiver on the basis of having completed previous comparable training.

POLICE OFFICERS

Full-time, part-time, and retired police officers must visit our website at www.lethalweapons.state.pa.us to obtain the information forms that pertain to you.

SECTION RELATED TO UNIFORM FIREARMS ACT

THIS SECTION MUST BE COMPLETED BY THE APPLICANT. ALL QUESTIONS MUST BE ANSWERED, AND APPLICANT MUST SIGN AND DATE THIS SECTION.

PHYSICAL AND PSYCHOLOGICAL EXAMINATIONS

You must undergo a physical and psychological examination at your own expense. The physical and psychological examination must be done by a Pennsylvania licensed physician and psychologist who complete the appropriate forms attached to this application. The physician and psychologist must submit the forms within 15 days from the date of the examination.

APPLICATION PROCESS

1. Completed applications must be accompanied by:
 - A. A certified check, cashier's check, or money order made payable to the "*Commonwealth of PA*," in the amount of \$80.25. NO COMPANY OR PERSONAL CHECKS WILL BE ACCEPTED. These fees are not refundable.
 - Upon the receipt of the approval letter, an additional certification fee of \$30.00 will be required along with the successful completion of training. This certified check, cashier's check, or money order will also be made payable to the "*Commonwealth of PA*."
NO COMPANY OR PERSONAL CHECKS WILL BE ACCEPTED. ALL APPLICANTS, WITHOUT EXCEPTION, ARE REQUIRED TO PAY THE \$30.00 CERTIFICATION FEE. Do not send this fee in until it is requested in the approval letter.
NOTE: Tuition costs are a responsibility of the applicant and are not included in the fees mentioned above.
 - B. NON-RESIDENTS OF PA who do not possess a PA Drivers License or Photo I.D. from the Department of Transportation must submit two recent color photographs approximately 1 ¼ " by 1 ¼ " in size, full face and measure (from the top of the head to the point of the chin, without a hat). PA residents DO NOT submit photographs.
2. The completed application must be presented by the applicant at any Pennsylvania State Police Station, except the Turnpike Stations, where the applicant's fingerprints will be taken upon proof of age and identification. Fingerprints may be taken via livescan OR hard copies (one blue and white FBI card, and one green and white PSP card).

If you have any questions, you can contact the Lethal Weapons Unit at 717-346-4087 or via email.

THE STATUS OF YOUR APPLICATION CAN BE CHECKED THROUGH INTERNET WEBSITE:
www.lethalweapons.state.pa.us

APPLICATION				FOR STATE POLICE USE			
		CERTIFICATION NO.		DATE			
1. SOCIAL SECURITY NUMBER		PA DRIVER'S LICENSE NUMBER OR PA PHOTO ID NO.		E-MAIL ADDRESS (IF APPLICABLE)			
Pursuant to the requirements established by the Lethal Weapons Training Act, I hereby make application to enroll in the Basic Course available at any certified Lethal Weapons Training School. (CHECK ONE) <input type="checkbox"/> WITH FIREARMS <input type="checkbox"/> WITHOUT FIREARMS							
2. LAST NAME (PRINT)		FIRST		MIDDLE		TELEPHONE NO. (INCLUDE AREA CODE)	
3. STREET ADDRESS		CITY/BORO		COUNTY		STATE	ZIP CODE
4. DATE OF BIRTH (MO. - DAY - YEAR)		5. AGE	6. HEIGHT	7. WEIGHT	8. EYE COLOR	9. COLOR HAIR	10. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
							11. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
12. PRESENT EMPLOYMENT							
EMPLOYER (FIRM)					POSITION		
ADDRESS						TELEPHONE NO. (INCLUDE AREA CODE)	
13. WAIVER <input type="checkbox"/> Full-Time Police Officer <input type="checkbox"/> Part-Time Police Officer <input type="checkbox"/> Previous Comparable Training							
14. <input type="checkbox"/> EXEMPTION Check here if an exemption from certain requirements of the LWTA is being requested on the basis of being an active full-time police officer or retired full-time police officer.							
REQUEST FOR WAIVER OF TRAINING							
<u>ACADEMIC WAIVER</u>							
I hereby certify to the Pennsylvania State Police that _____ <div style="text-align: right; margin-right: 100px;">NAME OF APPLICANT</div> has successfully completed a course of instruction, within the past five years, comparable to the academic course requirement established by the Commissioner. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of Title 18, Crimes Code Section 4904, relating to unsworn falsification to authorities.							
				_____ PRINT NAME - CERTIFYING OFFICIAL			
_____ DATE				_____ SIGNATURE - CERTIFYING OFFICIAL			
Affiliation: _____ NAME OF SCHOOL							
_____ ADDRESS OF SCHOOL							
<u>FIREARMS WAIVER</u>							
I hereby certify to the Pennsylvania State Police that _____ <div style="text-align: right; margin-right: 100px;">NAME OF APPLICANT</div> has successfully completed a course of instruction, within the past year, comparable to the firearms course requirements established by the Commissioner. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of Title 18, Crimes Code Section 4904, relating to unsworn falsification to authorities.							
				_____ PRINT NAME - CERTIFIED FIREARMS INSTRUCTOR			
_____ DATE				_____ SIGNATURE - CERTIFIED FIREARMS INSTRUCTOR			
Affiliation: _____ NAME OF INSTRUCTOR CERTIFYING ORGANIZATION (N.R.A., P.S.P., F.B.I., L.W.T.A., MPOETC, ETC.)							
_____ INSTRUCTOR CERTIFICATION NUMBER IF ANY, ATTACH COPY OF INSTRUCTOR CERTIFICATION							

15. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH VIOLATION OF THE LAW? (INCLUDING TRAFFIC VIOLATION) (IF YES, EXPLAIN BELOW AND INDICATE ALL ARRESTS AND DISPOSITIONS, EXCLUDING PARKING TICKETS)			<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE	LOCATION	CHARGE	DISPOSITION
A.			
B.			
C.			
D.			
16. HAVE YOU EVER BEEN CONVICTED OF A CRIME ENUMERATED IN SECTION 6105(b)? (READ INFORMATION ON BACK PRIOR TO ANSWERING.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
17. ARE YOU NOW CHARGED WITH, OR HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR? (THIS DOES NOT INCLUDE FEDERAL OR STATE OFFENSES PERTAINING TO ANTITRUST, UNFAIR TRADE PRACTICES, RESTRAINTS OF TRADE, OR REGULATION OF BUSINESS; OR STATE OFFENSES CLASSIFIED AS MISDEMEANORS AND PUNISHABLE BY A TERM OF IMPRISONMENT NOT TO EXCEED TWO YEARS.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
18. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE UNDER THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 64), KNOWN AS THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
19. ARE YOU AN INDIVIDUAL WHO, WITHIN THE PAST TEN YEARS, HAS BEEN ADJUDICATED A DELINQUENT FOR A CRIME ENUMERATED IN SECTION 6105(b)? (REFER TO INFORMATION ON BACK.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
20. ARE YOU AN INDIVIDUAL WHO IS NOT OF SOUND MIND OR WHO HAS EVER BEEN COMMITTED TO A MENTAL INSTITUTION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
21. ARE YOU A UNITED STATES CITIZEN? IF NO, ENTER IMMIGRATION IDENTIFICATION NUMBER _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
22. ARE YOU AN INDIVIDUAL WHO HAS BEEN DISCHARGED FROM THE ARMED FORCES OF THE UNITED STATES UNDER DISHONORABLE CONDITIONS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
23. IS YOUR CHARACTER AND REPUTATION SUCH THAT YOU WOULD BE LIKELY TO ACT IN A MANNER DANGEROUS TO PUBLIC SAFETY?			<input type="checkbox"/> YES <input type="checkbox"/> NO
24. ARE YOU A HABITUAL DRUNKARD?			<input type="checkbox"/> YES <input type="checkbox"/> NO
25. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF VIOLENCE IN THE COMMONWEALTH OF PENNSYLVANIA OR ELSEWHERE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A PERSON WHO?			
26. IS A FUGITIVE FROM JUSTICE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
27. HAS BEEN CONVICTED OF AN OFFENSE UNDER THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 64), KNOWN AS THE CONTROLLED SUBSTANCE DRUG, DEVICE AND COSMETIC ACT, THAT MAY BE PUNISHABLE BY A TERM OF IMPRISONMENT EXCEEDING TWO YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
28. HAS BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCE AS PROVIDED IN TITLE 75, VEHICLE CODE, SECTIONS 3731 AND/OR 3802 (RELATING TO DRIVING UNDER THE INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCE) ON THREE OR MORE SEPARATE OCCASIONS WITHIN A FIVE-YEAR PERIOD?			<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>29. HAS BEEN ADJUDICATED AS AN INCOMPETENT OR WHO HAS BEEN INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION FOR INPATIENT CARE AND TREATMENT UNDER SECTION 302, 303, OR 304 OF THE PROVISIONS OF THE ACT OF JULY 9, 1976 (P.L. 817, NO. 143), KNOWN AS THE MENTAL HEALTH PROCEDURES ACT?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>30. BEING AN ALIEN, IS ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>31. IS THE SUBJECT OF AN ACTIVE PROTECTION FROM ABUSE ORDER ISSUED PURSUANT TO 23 Pa.C.S. SECTION 6108 (RELATING TO RELIEF), WHICH ORDER PROVIDES FOR THE CONFISCATION OF FIREARMS DURING THE PERIOD OF TIME THE ORDER IS IN EFFECT. THIS PROHIBITION SHALL TERMINATE UPON THE EXPIRATION OR VACATION OF AN ACTIVE PROTECTION FROM ABUSE ORDER OR PORTION THEREOF RELATING TO THE CONFISCATION OF FIREARMS?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>32. WAS ADJUDICATED DELINQUENT BY A COURT PURSUANT TO 42 Pa.C.S. SECTION 6341 (RELATING TO ADJUDICATION) OR UNDER ANY EQUIVALENT FEDERAL STATUTE OR STATUTE OF ANY OTHER STATE AS A RESULT OF CONDUCT WHICH IS COMMITTED BY AN ADULT WOULD CONSTITUTE AN OFFENSE UNDER SECTIONS 2502, 2503, 2702, 2703, 2704, 2901, 3121, 3123, 3301, 3502, 3701, AND 3923 (LISTED BELOW)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>33. WAS ADJUDICATED DELINQUENT BY A COURT PURSUANT TO 42 Pa.C.S. SECTION 6341 OR UNDER ANY EQUIVALENT FEDERAL STATUTE OR STATUTE OF ANY OTHER STATE AS A RESULT OF CONDUCT WHICH IF COMMITTED BY AN ADULT WOULD CONSTITUTE AN OFFENSE ENUMERATED IN SECTION 6105(b)? (SEE BELOW.) THE PROHIBITION SHALL TERMINATE 15 YEARS AFTER THE LAST APPLICATION DELINQUENT ADJUDICATION OR UPON THE PERSON REACHING THE AGE OF 30, WHICHEVER IS EARLIER.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

§ 6105(b):

- | | |
|--|---|
| <ul style="list-style-type: none"> § 908 PROHIBITED OFFENSIVE WEAPONS. § 911 CORRUPT ORGANIZATIONS. § 912 POSSESSION OF WEAPON ON SCHOOL PROPERTY. * § 2502 MURDER. * § 2503 VOLUNTARY MANSLAUGHTER. § 2504 INVOLUNTARY MANSLAUGHTER, IF THE OFFENSE IS BASED ON THE RECKLESS USE OF A FIREARM. * § 2702 AGGRAVATED ASSAULT. * § 2703 ASSAULT BY PRISONER. * § 2704 ASSAULT BY LIFE PRISONER. § 2709 HARASSMENT AND STALKING, IF THE OFFENSE RELATES TO STALKING. * § 2901 KIDNAPPING. § 2902 UNLAWFUL RESTRAINT. § 2910 LURING A CHILD INTO A MOTOR VEHICLE. * § 3121 RAPE. * § 3123 INVOLUNTARY DEVIATE SEXUAL INTERCOURSE. § 3125 AGGRAVATED INDECENT ASSAULT. * § 3301 ARSON AND RELATED OFFENSES. § 3302 CAUSING OR RISKING CATASTROPHE. * § 3502 BURGLARY. § 3503 CRIMINAL TRESPASS, IF THE OFFENSE IS GRADED A FELONY OF THE SECOND DEGREE OR HIGHER. | <ul style="list-style-type: none"> * § 3701 ROBBERY. § 3702 ROBBERY OF MOTOR VEHICLE. § 3921 THEFT BY UNLAWFUL TAKING OR DISPOSITION, UPON CONVICTION OF THE SECOND FELONY OFFENSE. * § 3923 THEFT BY EXTORTION, WHEN THE OFFENSE IS ACCOMPANIED BY THREATS OF VIOLENCE. § 3925 RECEIVING STOLEN PROPERTY, UPON CONVICTION OF THE SECOND FELONY OFFENSE. § 4912 IMPERSONATING A PUBLIC SERVANT, IF THE PERSON IS IMPERSONATING A LAW ENFORCEMENT OFFICER. § 4952 INTIMIDATION OF WITNESSES OR VICTIMS. § 4953 RETALIATION AGAINST WITNESS OR VICTIM. § 5121 ESCAPE. § 5122 WEAPONS OR IMPLEMENTS FOR ESCAPE. § 5501 RIOT, IF THE OFFENSE RELATES TO A FIREARM OR OTHER DEADLY WEAPON. § 5515 PROHIBITING OF PARAMILITARY TRAINING. § 6110.1 POSSESSION OF FIREARM BY MINOR. § 6301 CORRUPTION OF MINORS. § 6302 SALE OR LEASE OF WEAPONS AND EXPLOSIVES. <p>ANY OFFENSE EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE PRIOR LAWS OF THIS COMMONWEALTH, OR ANY OFFENSE EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE STATUTES OF ANY OTHER STATE OR OF THE UNITED STATES.</p> |
|--|---|

CERTIFICATION

I HEREBY CERTIFY THAT THIS FORM CONTAINS NO MISREPRESENTATION OR FALSIFICATIONS, OMISSIONS, OR CONCEALMENT OF MATERIAL FACT AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM SIGNING THIS DOCUMENT WITH THE FULL UNDERSTANDING THAT ANY FALSE INFORMATION OR STATEMENT WILL SUBJECT ME TO THE CRIMINAL PENALTIES OF TITLE 18, CRIMES CODE SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES, AND COULD RESULT IN PERMANENT DISQUALIFICATION OF A LETHAL WEAPONS AGENT.

SIGNATURE - APPLICANT

DATE