



**RESERVE OFFICER APPLICATION
TO BE CERTIFIED TO CARRY WEAPONS**
Iowa Administrative Code 501—10.5 (80D)
Weapons Certification

Name of Reserve Officer	
Department	
DCI Clearance Date: _____ IAC: 501—10.5(4)(c) Verification must be received by the council that a fingerprint check has been made with the Federal Bureau of Investigation and the Division of Criminal Investigation of the Iowa Department of Public Safety and that the applicant has not been convicted or adjudicated of any offense listed in 501—paragraph 2.1(5)“a.” Fingerprint check responses from these agencies must be dated not more than one year prior to the date of the receipt by the academy of the application to the council for certification.	
FBI Clearance Date: _____ IAC: 501—10.5(4)(c) Verification must be received by the council that a fingerprint check has been made with the Federal Bureau of Investigation and the Division of Criminal Investigation of the Iowa Department of Public Safety and that the applicant has not been convicted or adjudicated of any offense listed in 501—paragraph 2.1(5)“a.” Fingerprint check responses from these agencies must be dated not more than one year prior to the date of the receipt by the academy of the application to the council for certification.	

Firearms, striking instruments and chemical weapons training must be provided by an Iowa Law Enforcement Academy Certified Instructor before a reserve peace officer can be certified to carry weapons. Reserve officer weapons training requirements are the same as those required of regular law enforcement officers during their basic training per Iowa Administrative Rules 501—10.5(3)

With our signatures below, we certify that: (1) all of the information is true and correct; (2) the fingerprints of this officer have been processed through the Iowa Division of Criminal Investigation and the Federal Bureau of Investigation that no record of a felony conviction or a conviction for a crime involving moral turpitude as defined by 501 IAC 2.1(6) was disclosed.

That on the _____ day of _____, 20____, as required by Iowa Code section 80D.7, this officer was specifically approved to carry any or all weapons listed on this form by the governing body of this jurisdiction (if city, City Council; if county, Board of Supervisors.)

Signature of hiring authority (Chief, Sheriff, Mayor, etc.)

Date

Printed name of hiring authority

Agency

Signature of Reserve Office

Date

FIREARMS – NEW RESERVE APPLICATIONS ONLY

Initial Training and Handgun/Shotgun Qualification scores Date of Training Completion: _____		
The completion date above certifies to the Council that the officer has (check each box as training is completed):		
<input type="checkbox"/> completed the required training curriculum		
<input type="checkbox"/> fired at least 3 qualifying scores of 80% or higher out of 4 attempts on an ILEA-approved handgun course		
<input type="checkbox"/> fired at least 1 qualifying score of 80% or higher out of 2 attempts on an ILEA-approved shotgun course;		
<input type="checkbox"/> fired at least 1 qualifying score of 80% or higher on an ILEA-approved low-light handgun course		
All courses must be fired on ILEA-approved targets, and must be administered by an academy trained and certified firearms instructor per <i>Iowa Administrative Rules 501—10.5(2)(b)</i>		
Number of rounds fired in training: <u>(896 is the minimum required)</u>	Handgun Scores (%) : <div style="display: flex; justify-content: space-around;"> #1 _____ #2 _____ </div> <div style="display: flex; justify-content: space-around;"> #3 _____ #4 _____ </div> Night Handgun (%) : _____	Shotgun #1 (%) : _____ Shotgun #2 (%) : _____

Printed Name, Signature and Agency of ILEA Certified Firearms Instructor(s) who provided training. The instructor signature certifies that the reserve candidate has completed the ILEA-prescribed training course ***in its entirety***.

NAME (Printed)	NAME (Signed)	AGENCY
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NAME (Printed)	NAME (Signed)	AGENCY
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FIREARMS – CURRENTLY CERTIFIED RESERVE APPLICATIONS ONLY

ILEA-approved Handgun and Shotgun Qualification scores Date of Qualification: _____	
The qualification date listed above certifies to the Council that the officer (check each box as requirements are met):	
<input type="checkbox"/> has previously completed the required training curriculum <input type="checkbox"/> is currently employed as a reserve officer OR has a break in reserve employment of less than 180 days <input type="checkbox"/> has fired at least 1 qualifying score of 80 percent or higher on an ILEA-approved handgun course <input type="checkbox"/> has fired at least 1 qualifying score of 80 percent or higher on an ILEA-approved shotgun course	
All courses must be fired on ILEA-approved targets, and must be administered by an academy trained and certified firearms instructor per <i>Iowa Administrative Rules 501—10.5(2)(b)</i>	
Handgun Score (%): _____	Shotgun Score (%): _____

Printed Name **AND** Signature of ILEA Certified Firearms Instructor(s) who administered qualifications:

NAME (Printed)	NAME (Signed)	AGENCY
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NAME (Printed) _____ NAME (Signed) _____ AGENCY _____

ASP or EXPANDABLE BATON

Date of Training Completion:	Number of Hours (4 Hours Required):
The completion date above certifies to the Council that the officer has trained and shown proficiency in (check each box as training is completed): <ul style="list-style-type: none"><input type="checkbox"/> deploying in closed mode baton<input type="checkbox"/> closed mode weapon strike, reaction strike and straight strike<input type="checkbox"/> holster closed mode baton<input type="checkbox"/> deploying and opening baton to the sky, ground and during weapon side strike<input type="checkbox"/> open mode weapon strike, reaction strike and straight strike<input type="checkbox"/> holster open baton (if side break) or collapse and holster and kneeling handcuffing<input type="checkbox"/> spar bag with foam baton	

Printed Name, Signature and Agency of ILEA Certified Instructor(s) who provided training.

NAME (Printed) NAME (Signed) AGENCY

NAME (Printed) NAME (Signed) AGENCY

T.A.S.E.R.

Date of Training Completion:	Number of Hours (Minimum of 4 Hours as Required by AXON):
The completion date above certifies to the Council that the officer has trained and shown proficiency of: <ul style="list-style-type: none"><input type="checkbox"/> Requirements in Alignment with AXON Current Criteria for End User Certification	

Printed Name, Signature and Agency of ILEA Certified Instructor(s) who provided training.

NAME (Printed) NAME (Signed) AGENCY

NAME (Printed) NAME (Signed) AGENCY

CHEMICAL AGENTS

Verification Date:	Number of Hours (2 Hours Required):
The completion date above certifies to the Council that the officer has trained and shown proficiency in (check each box as training is completed): <ul style="list-style-type: none"><input type="checkbox"/> deployment of live chemical agent against a target<input type="checkbox"/> Level 1 exposure followed by an obstacle course (must include handcuffing a prone suspect using verbal commands AND making a simulated radio call for assistance)<input type="checkbox"/> classroom instruction on tactical use of Chemical Spray and State Laws/Department Policies regarding use of Chemical Spray	

Printed Name, Signature and Agency of ILEA Certified Instructor(s) who provided training.

NAME (Printed) NAME (Signed) AGENCY

NAME (Printed) NAME (Signed) AGENCY