

**Ministry of Community Safety
and Correctional Services**

**Ministère de la Sécurité communautaire
et des Services correctionnels**



Chief Firearms Office

Bureau du Contrôleur des
armes à feu

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**CANADIAN FIREARMS SAFETY COURSE/
CANADIAN RESTRICTED FIREARMS SAFETY COURSE
INSTRUCTOR/EXAMINER APPLICATION**

Please Print Clearly and Answer All Questions Completely.

Please indicate for which course you are applying:

- Canadian Firearms Safety Course – Non-Restricted
- Canadian Restricted Firearms Safety Course (As a Restricted instructor/examiner, you must also be certified as a Non-Restricted instructor/examiner.)

Name: _____

Mailing Address: _____

Courier Address (if different from above): _____

Residence Telephone Number: _____

Business Telephone Number: _____

Fax Number: _____

Email Address: _____

Are you a resident of Ontario? Yes No

Are you 18 years of age or older? Yes No

Languages Spoken: English French Other: _____ (Please specify.)

Present Occupation: _____

Do you currently possess a valid Firearms Licence? Yes No

Valid Firearms Licence Number: _____ Expiry Date: _____

Please indicate which Non-Restricted action types you currently own:

- Bolt
- Hinge/Break
- Lever
- Pump
- Semi-Automatic

**TO BE COMPLETED BY CANADIAN RESTRICTED FIREARMS SAFETY COURSE
INSTRUCTOR APPLICANTS ONLY**

Please indicate which Restricted action types you currently own:

- Single Action (only) Revolver
- Double Action Revolver
- Semi-Automatic Handgun

Do you presently hold a valid Authorization to Transport? Yes No

Are you currently a member of a handgun club in the Province of Ontario?

Yes No

If yes, which club(s)?

1. Are you a firearms dealer, or do you operate a firearms museum? Yes No

If yes, please provide licence number(s): _____

2. Do you currently teach any other firearms related courses? Yes No

If yes, please list: _____

YOUR QUALIFICATIONS

Use a separate sheet of paper if necessary.

1. Names and dates of training courses received or attended that would benefit you as instructor/examiner for this program. (Include non firearm related courses.)

2. Names and dates of courses that you have presented. (Include non firearm related courses.)

3. Give details on how you would prepare to make a written/oral presentation.

4. Describe an unpopular decision that you had to make and the consequences of that decision.

5. Identify other related experiences that would assist you as an instructor?

6. How would you grade your knowledge on the Firearms Act?

Poor Fair Good Very Good

7. List all service and community organizations that you belong to, including those related to the firearms/hunting field.

8. Have you ever been refused a FAC/Firearms Licence or a Permit to Carry/Authorization to Transport? Yes No

If yes, please provide details. _____

9. Have you ever been prohibited by order of the court or by condition of probation from having a firearm in your possession? Yes No

If yes, please provide details. _____

10. Have you ever been charged or convicted of a criminal offence for which you have not received a pardon? Yes No

If yes, list particulars, including dates and names of police agencies.

11. Have you ever been charged or convicted of an offence under the Provincial/Territorial Fish and Wildlife Conservation Act? Yes No

If yes, please specify. _____

12. Have you ever undergone a name change in the Province of Ontario or elsewhere? Yes No

If yes, please provide previous name(s). _____

13. Why do you want to become an instructor/examiner for the Canadian Firearms Safety Course/Canadian Restricted Firearms Safety Course?

REFERENCES

Please provide the names of two non family references that have known you for three years or more, and can attest to your suitability to conduct the Canadian Firearms Safety Course/Canadian Restricted Firearms Safety Course in a professional manner.

1. Name: _____
Address: _____
Residence Telephone Number: _____
Business Telephone Number: _____
Current Occupation: _____
Number of Years Known: _____

2. Name: _____
Address: _____
Residence Telephone Number: _____
Business Telephone Number: _____
Current Occupation: _____
Number of Years Known: _____

Are both of your references aware that their names have been provided and may be contacted during your application process? Yes No

Please indicate the best time for a member of the Chief Firearms Office/Firearms Safety Education Service of Ontario to contact you for an interview.

Time of Day: _____

Telephone Number: _____

All persons will be required to authorize a release of information for the purpose of local police, and criminal records check. Although all qualifications may be met, the decision to approve any candidate as a Canadian Firearms Safety Course/Canadian Restricted Firearms Safety Course instructor/examiner will rest solely with the Chief Firearms Office.

APPLICANT DECLARATION

It is an offence to make a false or misleading statement either orally or in writing, when applying for a Canadian Firearms Safety Course/Canadian Restricted Firearms Safety Course instructor certificate.

I hereby declare that I understand the application and instructions, and that the information provided in the application is true and correct to the best of my knowledge.

Declared at:

City

Province

Date

Signature

The Chief Firearms Office has the right to require the applicant to submit further information if required to complete a background investigation.