



CSO RENEWAL TRAINING PAGE



Effective Date
2-2026

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

NAME OF COMPANY _____

CMPY _____

NAME _____
Last First MI

SS#: _____ - _____ - _____ DOB: _____

Employee Credential Number

CURRENT AND ACTIVE CERTIFIED LAW ENFORCEMENT OFFICER? Yes ☐ No ☐

(CERTIFIED LAW ENFORCEMENT OFFICERS ARE EXEMPT FROM THE TRAINING REQUIREMENTS. THE OFFICER MUST BE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER. (SEE RULE 17 CAR § 350-1007)

(PLEASE ATTACH A COPY OF YOUR LAW ENFORCEMENT CERTIFICATION AND A LETTER FROM THE LAW ENFORCEMENT AGENCY THAT YOU ARE CURRENTLY EMPLOYED WITH THAT STATES YOU ARE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER.) _____

(If checked, a signature of TA or ATA is required)

PHASE I MAY BE CONDUCTED BY A TRAINING ADMINISTRATOR (TA), ASSISTANT TRAINING ADMINISTRATOR (ATA), TRAINING INSTRUCTOR (TI), OR GUEST INSTRUCTOR.

**Renewal training must consist of twelve (12) hours minimum. The training shall include, but not limited to, the subjects found in Phase I and Phase II. Renewal training shall include firing range qualification on an ALETA qualification course and a safety course (Rule 17 CAR § 350-1012).*

PHASE I – Training Requirements for Renewal of PSO, CSO and CSSO

DATE TRAINING COMPLETED _____

THE FIREARMS PORTION OF PHASE II AND III MUST BE CONDUCTED BY A CERTIFIED FIREARMS TRAINING INSTRUCTOR.

Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page

PHASE II – Training Requirements for Renewal of CSO and CSSO

DATE TRAINING COMPLETED _____

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

Sign: _____

Print: _____

SUBJECT TAUGHT: _____

Credential Number: _____

Print: _____

Address: _____

DOB: _____ Phone Number: _____

****If more than one guest instructor, please attach the ASP Supplemental Instructor Training Page. ****

The applicant by completing this form, affirms that he/she has successfully completed the training as required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules.

Signature of Applicant: _____

Guest instructors can be utilized to teach training requirements under the guidance and supervisor of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.