CSO 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

For Office Use Only:
Employee Credential Number

SS#: _____-_____-_____ DOB: _____

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.

PHASE I – Training Requirements for PSO, CSO and CSSO
Must consist of eight (8) hours minimum (Rule 17 CAR § 350-1004).

_____
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 CSO and CSSO
Must consist of sixteen (16) hours minimum (at least eight (8) hours in the classroom and eight (8) hours on the firing range)(Rule 17 CAR § 350-1005).

_____
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:

Sign: _____

Print: _____

Credential Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

SUBJECT TAUGHT: _____

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 supervision 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.