TULARE-KINGS POLICE ACADEMY & REGIONAL TRAINING CENTER

IN PARTNERSHIP WITH COLLEGE OF THE SEQUOIAS

PC 832 Firearms

October 12-14, 2026

Certified: STC #232-08417 | POST #6870-80101

Location: Rankin Field, 20000 Road 140, Tulare, CA 93274

Time: 8:00 AM - 5:00 PM daily

Cost: $54.50 ($31.50 if also enrolled in PC 832 Laws of Arrest during the same semester)

Course Description:

This POST-certified course provides the firearms training required under PC 832. Students will develop firearm safety, weapon handling, marksmanship, judgment, and qualification skills in both daylight and low-light environments. Successful completion requires passing the POST-mandated firearms qualification course.

Dress Code:

- Appropriate range training attire required. No shorts, sleeveless shirts, or open-toed shoes.

Important Requirements:

- DOJ Clearance is required and must be received before the course begins.
- A medical clearance form completed within the last 6 months must be submitted at least one week before the course begins
- COS Application
    - If you have not attended a COS credit course this semester, complete the online application at COS before class begins. Bring your username/password and final confirmation page on the first day.
    - The course registration number and instructions will be emailed to you the week before the class begins.
- No parking fee at Rankin Field.
- Attendance is mandatory - students may not miss more than 2.5 hours.
- Laptops are required. A USB drive with course materials will be provided.
- Students will participate in live-fire firearms training, weapons handling, and qualification exercises. Eye and ear protection are required.
- Students must successfully complete the POST firearms qualification course. One retest may be permitted in accordance with POST guidelines.

Required Equipment:

- Handgun (9mm–.45 ACP)
- Holster
- Minimum 2 magazines (or speed loader for revolvers)
- Magazine/speed loader carrier
- Belt suitable for supporting firearm and gear
- 400 rounds of ammunition
- Firearm cleaning kit
- Eye and ear protection
- Lunch, snacks, and water for range days
- **Firearms and leather gear are available to rent**

Questions / Registration:

Email: haileyg@cos.edu or ellens@cos.edu **Phone:** (559) 583-2600

PC832 Firearms
REGISTRATION CHECKLIST

Please complete the steps below to finalize your PC832 Firearms course registration.

Submit a COS Application

- Complete an Online COS Application
- Screenshot the confirmation page
- CCC Apply Application

DOJ & Medical Clearance

- Complete your DOJ and medical clearance and email it to ellens@cos.edu or haileyg@cos.edu
- Bring the original documents with you on the first day of class. You can't start class without it.

Online Course Registration

- You'll receive an email one week before the course with instructions to add the class online and the Course Registration Number (CRN)
- Registration instructions are here

Prepare for Day 1

- You'll need a laptop with USB capabilities
- Review dress code
- Review required equipment
- Reivew driving directions to Rankin Field

Bring to Class

- You'll need a laptop with USB capabilities
- DOJ & Medical Clearance (Original)
- COS Username / Password
- Range Equipment

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 (Code assigned by DOJ) Type of Application: POST TRAINING CERTIFICATE

Job Title or Type of License, Certification of Permit: PC 13511.5

Agency Address Set Contributing Agency

CADJ Sacramento
Agency authorized to receive criminal information

Mail Code (five digit code assigned by DOJ)

4949 Broadway
Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95820
City State Zip Code

(916) 227-3749
Contact Telephone No.

Name of Applicant: (please print) Last First MI

Alias:

Driver's License No.

Date of Birth: Sex: ☐ Male: ☐ Female:

Misc. No. **BIL -** Agency Billing Number

Height: Weight:

Misc. No:

Eye Color: Hair Color:

Home Address: Street or P.O. Box

Place of Birth: City, State and Country

City, State and Zip Code

SSN:

Phone No.

Your Number: OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJ ☐ FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statue)

Tulare-Kings County Police Academy
Employer Name

925 13th Avenue
Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

Hanford CA 93230
City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date:

LIVE SCAN FRESNO
Transmitting Agency

ATI No.

Amount Collected/Billed

BCII 8016 (Rev 04/01) ORIGINAL - Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY- Applicant

TULARE-KINGS POLICE ACADEMY AND TRAINING PROGRAM MEDICAL CLEARANCE FORM

COLLEGE OF THE SEQUOIAS

---------- **Student Certification** ----------

Student Name: _____ Student ID # _____

Class # _____

I have read the attached list of physical and cognitive activities required of students attending a POST-certified basic course training program. I certify that, to the best of my knowledge and belief, I can do all the activities listed on page #2 of this document. I further certify that if I had any concerns about my ability to do certain activities, I discussed those concerns with the medical professional listed below.

_____ _____

STUDENT'S SIGNATURE **DATE**

---------- **Medical Professional Certification** ----------

NAME: _____
MEDICAL PROFESSIONAL - PLEASE PRINT

ADDRESS: _____

PHONE: _____

During the basic course training program, students perform the physical and cognitive activities listed on the attached pages.

Medications Prescribed?

☐ NO ☐ YES - if yes, please check the appropriate box:

- □ **WILL NOT** impair student's participation in the listed activities
- □ **WILL** impair student's participation in the listed activities

The client listed above has been examined and found physically and cognitively acceptable for full and unrestricted participation in the basic course training program as described on page #2 of this document. ☐ YES ☐ NO

Comments [*Please note if student needs an inhaler, Epipen, etc.*]:_____

_____

_____

_____

_____ _____ _____

MEDICAL PROFESSIONAL'S SIGNATURE **DATE** **OFFICIAL STAMP**

TULARE-KINGS POLICE ACADEMY
AND
TRAINING PROGRAM
MEDICAL CLEARANCE FORM

COLLEGE OF THE SEQUOIAS

During the basic course training program, Recruits perform the physical and cognitive activities listed below throughout training days lasting up to (40) hours.

□ **GENERAL TRAINING** *(PC832 Laws of Arrest & PC832 Firearms)*

- Take handwritten and computerized tests
- Participate in classroom discussions and required learning activities
- Sit and/or stand throughout the training day
- Read handouts, statute books, and workbooks
- Remember and follow all course safety rules
- Follow written and/or verbal instructions from staff and instructors

□ **FIREARMS TRAINING** *(PC832 Firearms)*

- Draw, shoot, and re-holster a handgun within a given time limit
- Fire handgun courses from various positions (standing)
- Follow instructions to safely load and unload a semi-automatic handgun
- Follow instructions to draw a loaded handgun from the holster and shoot at a target
- Obey immediately all auditory and visual commands, including immediately stopping firing when given the command “Cease Fire” or “Stop Training”

□ **ARREST AND CONTROL TECHNIQUES** *(PC832 Laws of Arrest)*

- Warm-up exercises include pushups, sit-ups, up-downs (burpees), stretching, neck rotation, etc.
- Pain compliance holds to include wrist locks, arm bars, handcuffing, and take downs
- Take down maneuvers, repetitive knee bends, lunges, ground fighting exercises, limb twisting, and repetitive body rotation maneuvers
- Support body weight of another person while demonstrating take down, handcuffing, and ground fighting techniques
- Obey immediately all auditory and visual commands, including immediately stopping training when given the command “Stop Training” or “Break”
- Remember and follow all Arrest and Control safety rules

**** Students who are or may become pregnant are urged to discuss the possible health risks to the fetus from the physical activities required during training and from the inevitable loud noises and exposure to lead during firearms training.**

State of California – Department of Justice
MEDICAL SUITABILITY DECLARATION
POST 2-363 (10/2023)

Commission on
Peace Officer Standards and Training (POST)
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630 • 916 227-3909

HIRING DEPARTMENT

ADDRESS	CITY	STATE	ZIP

Suitability Declaration - to be maintained in the background investigation file

Instructions to the Physician:

- This form is to be completed and submitted to the hiring department.
- The hiring department will maintain this Medical Suitability Declaration page in the individual's background investigation file. ***Do not include medical information on this page.***

Medical Suitability Declaration

CANDIDATE'S NAME	BIRTH DATE	LAST 4 DIGITS OF SSN

On _____, I completed a pre-employment medical screening evaluation
[DATE OF EVALUATION]
on the above-named peace officer candidate, in accordance with POST Commission Regulation 1954. The evaluation was conducted using the medical screening procedures and evaluation criteria outlined in subsection 1954(c) and the required sources of information identified in subsection 1954(d), including:

1. Job information provided by the hiring department,
2. Medical history statement completed by the candidate, and
3. Relevant medical records provided by the candidate and/or medical health professional, if warranted and obtainable.

Based on the results and findings of that evaluation:

☐ **I certify** that the candidate is free from any physical condition that might adversely affect their ability to exercise the powers of a peace officer and is medically suitable to perform the peace officer duties and responsibilities as defined and provided by the hiring department either without any accommodations, or provided that the specified work restrictions, limitations, or reasonable accommodations can be implemented. *(Describe any work restrictions, limitations, or reasonable accommodation requirements on a supplemental medical information page. The supplemental page is to be maintained as a confidential medical record, separate from the background investigation file.)*

☐ **I cannot certify** that the candidate is medically suitable to perform the peace officer duties and responsibilities as defined and provided by the hiring department.

Physician's Signature ►_____

PHYSICIAN'S PRINTED NAME	MEDICAL LICENSE NUMBER

EMAIL ADDRESS	PHONE NUMBER

ADDRESS	CITY	STATE	ZIP