



# KENTUCKY TACTICAL OFFICERS ASSOCIATION



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Training Director

To: 2019 Basic S.W.A.T. Applicants Class XI

From: James C. Collins, K.T.O.A. Training Director

CC: Dallas R. Greer, K.T.O.A. President

Date: Monday, March 14, 2019

Subject: **2019 K.T.O.A. Basic S.W.A.T. Officers Course Class #11**

Welcome and thanks for planning to attend the 2019 KTOA Basic SWAT Officers Course Class XI at Norse Tactical Training Facility in Louisville, Kentucky. Attached you will find a flyer that contains information reference the POPS testing requirements and the Basic Firearms Qualification. Be advised that you are required to pass these basic qualifications on Monday, July 08<sup>th</sup> before starting the course.

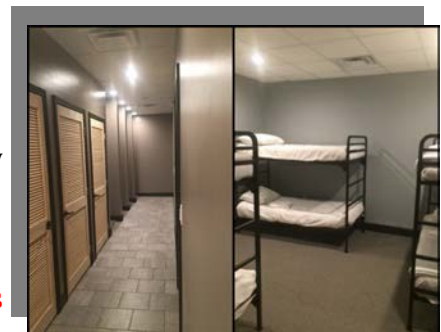
Plan to arrive on Sunday- please check in at Norse Tactical between 1000 and 1200 Eastern Standard Time. The course will start promptly at **1200 on July 07<sup>th</sup>** we will move from the lodging site directly to the PT track. Your initial uniform will be PT gear as we will move immediately to POPS testing.



Lodging will be provided by Norse Tactical Bunkhouse located at 141 E. Main Street, New Albany, Indiana 47150. Bring any bedding and toiletries that you will need for the two (2) weeks. All meals will be provided on site by Norse

Tactical except for Sunday nights and dinner on the last day of the course (Friday the 19<sup>th</sup>).

**You are highly encouraged to bring a cooler with ice and lots of water, sports drinks and snacks.**



If you have any further questions, feel free to contact me.

Thank you,

*James C. Collins*

James "Clint" Collins

K.T.O.A. Training Director

Mobile: 859-229-1764

E-Mail: [jamesc.collins@ky.gov](mailto:jamesc.collins@ky.gov)



# K.T.O.A. BASIC S.W.A.T. OFFICERS COURSE

-----Class XI-----



**SUBJECT: 80 Hour Basic S.W.A.T. Officers Course (KLEC Approved)**

**DATES: July 07<sup>th</sup> – 12<sup>th</sup>, 2019  
July 15<sup>th</sup> – 19<sup>th</sup>, 2019**

**LOCATION: Norse Tactical Training Facility and Hidden Valley Training Center  
New Albany, IN**

**INSTRUCTORS: K.T.O.A. Training Cadre**

## **COURSE DESCRIPTION:**

This course will provide students with a basic working knowledge of a S.W.A.T. team and the skills to operate within that team. Students will be introduced to basic S.W.A.T. tactics and techniques which include, but are not limited to: historical overview of S.W.A.T., team organization and structure, resolution of barricaded suspect situations, covert individual and team movement, structure searches and room clearing, officer down and rescue, vehicle engagements, warrant service, and multiple field training exercises. Student will also be exposed to basic safe weapons handling and live fire application of mission specific weapons in a Team and Close Quarters environment. This will be a physically demanding course for the student. Each student will be required to pass a physical fitness assessment and a basic firearms proficiency exam on the first day of class. Any student who does not pass those tests will be removed from the course immediately. A refund will be determined on a case by case basis by the Executive Board.

## **IMPORTANT NOTICE TO STUDENTS:**

This class is designed to get as much information and basic tactics introduced to you in two weeks. Come fully prepared to work hard and open your mind to tactics and techniques that may be new to you. Do not expect scheduled breaks or lunches. Drink when you're thirsty, eat when you're hungry. Expect to be challenged!

## **EQUIPMENT LIST:**

- Personal hygiene products to include (bug spray, sunscreen, laundry detergent, etc.)
- Sleeping bag and/or blankets and pillow
- Physical fitness clothing and running shoes
- BDU or other similar tactical uniform (mixture of long and short sleeves)
- Inclement weather clothing/gear
- Ear and eye protection
- Note taking material with writing utensil
- 1,500 rounds handgun (secondary weapon system)
- 1,500 rounds rifle (primary weapon system)
- Agency issued rifle/other shoulder mounted weapon with 3 magazines (primary weapon system)
- Agency issued handgun with holster and 3 magazines (secondary weapon system)
- Simunition conversion kit if host agency has one (K.T.O.A. has kits for M-16/M-4 rifles and Glock pistols)
- Gas mask with filter and pouch
- Tourniquet with basic medical kit in a pouch
- All ballistic protection issued by your host agency that you would wear in an operation
- Helmet
- Gloves
- Balaclava and Kevlar Sleeves (optional but recommended)
- Five (5) Noise Flash Distraction Devices if host agency wants officer/deputy certified

- Any other equipment a S.W.A.T. Officer would use or deploy with in an operation
- Again, Water, Sports Drinks and snacks between meals are ON YOU. Bring PLENTY for each day.
- After checking in at 1200 Sunday, the class will move directly to the track for the POPS test

## **COST:**

Tuition for this course is \$725 (for K.T.O.A. members) or \$850 (for non K.T.O.A. members). Course is limited to thirty (30) students. Lodging and meals are included in tuition price. Due to the sensitive nature of this course, all students will be asked to provide agency I.D. **No refunds or cancellations after July 01, 2019.**

**Payment is due by Friday, June 21, 2019 by COB.**

## **CLASSROOM INFORMATION: (LOCATION AND TIME)**

- Starting Date: Sunday, July 07, 2019 @ 1200 hours @ Norse Tactical Training Facility
- Students may report as early as 1000 (EST). **No meals are provided this date**
- Check in location: 141 East Main Street, New Albany IN 47150

## **PHYSICAL FITNESS ASSESSMENT REQUIREMENTS: (DOCJT)**

- Bench Press ≥73% (body weight)
- Sit-ups ≥18 (repetitions)
- 300m Run ≤65 (seconds)
- Push Ups ≥25 (repetitions)
- 1.5 Mile Run ≤16:15 (min:sec)

## **FIREARMS PROFICIENCY EXAM:**

- |   |
|---|
| • Stage 1: 25 Yard Line<br>25 seconds to draw and fire 5 rounds                             |
| • Stage 2: 15 Yard Line<br>15 seconds to draw and fire 5 rounds                             |
| • Stage 3: 10 Yard Line<br>3.5 seconds to fire 2 rounds from the low ready<br>3 reps 3x2    |
| • Stage 4: 10 Yard Line<br>5 seconds to fire 2 rounds from the holster<br>3 reps 3x2        |
| • Stage 5: 7 Yard Line<br>3 seconds to fire 2 rounds from the low ready<br>3 reps 3x2       |
| • Stage 6: 7 Yard Line<br>4.5 seconds to fire 2 rounds from the holster<br>3 reps 3x2       |
| • Stage 7: 5 Yard Line<br>5 seconds to perform a failure drill from holster<br>2 reps 2x3   |
| • Stage 8: 5 Yard Line<br>4 seconds to perform a failure drill from the ready<br>2 reps 2x3 |
| • Stage 9: 5 Yard Line<br>3 seconds to fire 2 rounds to head; from ready<br>2 reps 2x2      |

The target used will be the KSP Qualification target  
KSP-QUAL V2 @ <http://www.letargets.com/>



### **Scoring System:**

- 70% is minimum passing score
- 50 rounds
- Hits inside the Rapid Incapacitation Zone (RIZ) of the body and the Instant Incapacitation Zone (IIZ) of the head are awarded 2 points. Hits on the gray body but outside of these regions are awarded 1 point. Misses are 0 points.
- Lines count as a recorded hit

## **CONTACT INFORMATION:**

Basic S.W.A.T. Training Inquiries: James C. Collins @ [jamesc.collins@ky.gov](mailto:jamesc.collins@ky.gov) or (859) 229-1764  
Registration Related Inquiries: Bart Beck @ [bbeck@ludlow.org](mailto:bbeck@ludlow.org) or (859) 991-5708

# KENTUCKY TACTICAL OFFICERS ASSOCIATION, INC.

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the KTOA Basic SWAT Class #11, I hereby release, waive, discharge and covenant not to sue **Kentucky Tactical Officers Association, Inc. (hereafter K.T.O.A.)** / or: its officers, servants, agents, and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Training, or while in, on or upon the premises where the Training is being conducted, while in transit to or from the premises, or in any place or places connected with the Training.
2. I am fully aware of risks and hazards connected with being on the premises and participating in the Training, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Training, and I hereby elect to voluntarily participate in the Training, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Training, whether caused by the negligence of releasees or otherwise.
3. I further hereby agree to indemnify, save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Training, whether caused by the negligence of any or all of the releasees, or otherwise.
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.
5. I understand that the material presented in the above listed event is the intellectual property of **K.T.O.A.**, or its affiliate entities. I understand and agree that I may not record via any type of media, or method, the material presented within this event. I further agree not to duplicate, recreate, or present this material to any person or party without the express written consent of **K.T.O.A.**
6. I hereby give **K.T.O.A.** permission to take photographs and/or videos of me for the purpose of posting on **K.T.O.A.** Facebook, Instagram, YouTube, Twitter, and/or website <http://www.kentuckytacticalofficersassociation.org/> and/or <https://www.kytoa.com/>. I hereby release and discharge **K.T.O.A.** from any and all claims arising out of use of the photographs and/or videos.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed:
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made:
- C. I am at least eighteen (18) years of age and fully competent; and
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, **2018.**

**Printed Name of Attendee (Print Legibly):** \_\_\_\_\_

**Signature of Attendee:** \_\_\_\_\_

<b>Mail:</b> Kentucky Law Enforcement Council Funderburk Building 521 Lancaster Ave. Richmond, KY 40475-3102  <b>Phone:</b> 859-622-6218 <b>Fax:</b> 859-622-5943	<b>INSTRUCTIONS:</b> This form must be completed by a physician or physician assistant prior to the applicant participating in the physical ability, <b>IF</b> the applicant checks "yes" on any question between numbers 1-11 on the Form T-1. <b>If this form is required and not completed, the applicant will be sent home.</b>
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<b>NAME:</b>	
<b>Date of Birth</b>	
<b>SS#</b>	

**Peace officers in the Commonwealth of Kentucky are required to perform a variety of essential physically demanding tasks including the following:**

- Walking for extended periods
- Short sprints
- Long pursuit running lasting over 2 minutes
- Jumping over and around obstacles
- Lifting and carrying objects sometimes up and down stairs
- Using hands and feet in use of force situations
- Using force in short and long term (greater than 2 minutes) efforts
- Bending and reaching
- Dragging people and objects as in extracting victims from vehicles

**To measure an individual's capacity to perform these critical tasks all applicants must undergo a physical ability test consisting of the following items:**

- 1.5 mile run to measure aerobic power
- 300 meter sprint to measure anaerobic power
- Sit ups to measure abdominal muscular endurance
- Push ups to measure upper body muscular endurance
- Free weight bench press to measure upper body absolute strength

**Your professional opinion is requested as to whether the individual can safely participate in physical ability testing.**

**PLEASE CHECK ONE:**

- There are no contraindications to the individual either 1) being capable of performing the essential physical tasks or 2) being capable of undergoing the physical ability test items.
- There are contraindications and it is recommended that the individual **not** participate in the physical ability test items.

<p><b>I hereby verify that the above information is true and accurate.</b></p> <p><b>Signed this _____ day of _____, 20_____.</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature of Physician or Physician Assistant</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Printed Name of Physician or Physician Assistant</i></p>
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**Mail:** Kentucky Law Enforcement Council  
 Funderburk Building  
 521 Lancaster Ave.  
 Richmond, KY 40475-3102

**Phone:** 859-622-6218     **Fax:** 859-622-5943

**INSTRUCTIONS:** This form must be completed by the applicant prior to participating in the physical agility. Please have applicant bring form to the test site at the time of testing along with picture identification.

**Name of Applicant** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_     **SSN** \_\_\_\_\_

	YES	NO	
1.			Has a doctor ever said you have heart trouble?
2.			Do you frequently suffer from chest pains?
3.			Do you often feel faint or have severe spells of dizziness?
4.			Are you over age fifty (50) and not accustomed to vigorous exercise?
5.			Has a doctor ever said you have an abnormal electrocardiogram (ECG)?
6.			Do you have diabetes?
7.			Do you have a close family relative (mother, father, sister, brother) who has heart disease before age 50?
8.			Has a doctor ever said you have high cholesterol or blood fats?
9.			Has a doctor ever said you have high blood pressure?
10.			If you are 35 or older: Do you smoke?
11.			Has a doctor ever told you that you have a muscle, skeletal, or joint problem which would stop you from doing any type of exercise?
12.			<b>Optional:</b> What is your reading for the following:  Blood Pressure:     SBP _____     DBP _____
13.			<b>Optional:</b> Blood lipids: Total Cholesterol _____  Total to HDL Ratio _____

**If any one item between numbers 1-11 is checked "YES," the Physician's Medical Release Form (T-1a) must be completed. These forms must be received in the KLEC office on or before the scheduled date for Phase I Testing.**

**I hereby verify that the above information is true and accurate.**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*



# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Kentucky Tactical Officers Association, Inc.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <sup>a</sup> _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) <sup>a</sup>	(Applies to accounts maintained outside the U.S.)
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>303 Court Street, Suite 409</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Covington, KY 41011-1628</b>	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
<b>or</b>								
Employer identification number								
2	0	-	5	8	5	6	2	9

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person: <i>Eric T. Nelson</i>	Date <sup>a</sup>	<b>March 22, 2019</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*