

Red Dot System (RDS) Instructor Course

3-DAY CERTIFICATION PROGRAM POST #29224

COURSE OVERVIEW:

Join the Missouri Sheriffs' Association for a specialized 3-Day Red Dot System (RDS) Instructor Course tailored for law enforcement and corrections professionals. This comprehensive program provides instructors with the skills and knowledge to effectively transition officers from iron sights to red dot optics on duty handguns.

TOPICS INCLUDES:

- History and Evolution of Red Dot Sights in Law Enforcement
- RDS Operation, Failures, Maintenance, and Battery Management
- Mounting and Zeroing Techniques
- Tactical Considerations for Duty Use
- Instructional Methods and Student Drill Design
- Firearms and Range Safety

WHAT PARTICIPANTS WILL WALK AWAY WITH:

- Expertise in operating, maintaining, and troubleshooting red dot optics.
- Practical skills in designing and executing effective RDS training scenarios.
- Enhanced capability to instruct and mentor officers transitioning to red dot sight systems.

WHO SHOULD ATTEND?

- Firearms Instructors
- Training Coordinators
- Patrol and Corrections Training Officers

WHAT TO BRING:

- Comfortable Clothing suitable for dynamic scenarios and movements
- Protective and Safety Equipment
- Eye and Hearing Protection
- Pistol equipped with a Red Dot System and 500 rounds of ammunition
- Duty belt and gear, flashlight, protective vest, and hydration system.
- Note-Taking Material & Laptop



DATE:

August 26-28, 2025

8am-5pm (With a night shoot)

Contracted: \$150

Non-contracted: \$300

LOCATION:

Missouri Sheriffs' Association

6605 Business 50 West

Jefferson City, MO 65109

CONTACT:

Kevin Merritt

kevin@mosherriffs.com

573-301-7728

Visit www.mosherriffs.com for additional details or to register.



POST CREDIT: 24-HOURS 4

Hours Legal Studies

12 Hours Technical Studies

8 Hours Firearms



MISSOURI SHERIFFS' ASSOCIATION

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REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
_____ Exp _____
3-digit security code _____ (Located on back)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

Send Registrations To