

Agency Employment Action

Date of Action: _____

Employment (new hire)

Promotion

Separation:

Resigned Military Retired Deceased Terminated

Decommissioned Only Medical _____

Other _____

Submitted by _____ Signature _____
Chief/Designee

Date _____ Title or Rank _____

Agency _____ Telephone _____

Employee Information

Name _____

First Middle Last Maiden
Date of Birth _____ SS# _____ Gender _____

Ethnic Origin _____ Rank or Classification _____

Date of Current Employment _____ Date of Current Commission _____

DPS Certification Number _____ Certification Date _____

Entry Level Firearms Training/Qualification

ENTRY LEVEL FIREARMS TRAINING/QUALIFICATION (10.29.9.14)

Sixteen (16) hour handgun training: Eight (8) hour shotgun training (if issued):

Day Time Score: Date: _____ Night Time Score: Date: _____

Print Name of DPS Certified Firearms Instructor _____

DPS Certification Number _____

Instructor Signature _____ Contact # _____

DPS Use Only:

Registry input by::

Certification Verified by:

Firearms Qual. Processed by:

LEA 82