

## FIREARMS RE-QUALIFICATION REPORTING FORM

*PLEASE TYPE OR PRINT*

Reporting Department _____	Range Location _____
Submitted by: _____	
Date of Qualification _____	

Student Name - Last, First, Middle	Social Security Number	Daytime Score	Night time Score	Model	Serial Number

*This form is provided for your convenience. In the event you currently record the same information on another document, please submit copies of your records.*

I hereby certify that I possess a **valid and current** Department of Public Safety, Training and Recruiting Division, Firearms Instructor Certificate and the above information is true and correct.

**Firearms Instructor Name (print)** \_\_\_\_\_ **Contact#:** \_\_\_\_\_

**Firearms Instructor Signature** \_\_\_\_\_

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DPS Official Use

**Data Entry Input Processed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

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