

## ANNUAL AGENCY FIREARM RE-QUALIFICATIONS REPORT

**Date Due:** March 1, annually.

I, (print or type agency head's name) \_\_\_\_\_,  
(print or type agency name) \_\_\_\_\_,  
(print/type agency location) \_\_\_\_\_,  
(print/type agency contact #) \_\_\_\_\_,

verify that as of the date of this report **ALL** law enforcement officers of this agency, with the exception of those listed on page 2, have met the mandatory firearm qualifications requirements as set forth in the New Mexico Administrative Code 10.29.9.14 NMAC. Qualification documentation is available for inspection.

Total number of commissioned law enforcement officers in the agency: \_\_\_\_\_

*I understand that failure to submit this report by **March 1<sup>st</sup>** of each year may result in the suspension of the law enforcement officer certification of my employees.*

**State of New Mexico**                    )  
**County of** \_\_\_\_\_) **SS.**

I (print or type agency head's name) \_\_\_\_\_,  
being first duly sworn, depose and state (based upon information, belief, and available documentation):

I am the agency head of the (print or type agency name) \_\_\_\_\_  
and the foregoing report is true and correct to the best of my personal knowledge.

\_\_\_\_\_  
(Agency head's signature)

Subscribed and Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Registry Input by:

**Exception Report—Annual Qualifications Report**  
 Officers **NOT** meeting the mandatory firearms qualification requirements:

	SSN	Last Name	First Name	Cert.#
1				
2				
3				
4				
5				

#      Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
**Explanation:** Why is the officer not in compliance with the Firearms Qualification Requirement

\_\_\_\_\_  
 \_\_\_\_\_

**Remediation:** What steps are being taken to bring the officer into compliance?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Timelines:** What are the deadlines that are proposed to bring the officer into compliance?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

=====

#      Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
**Explanation:** Why is the officer not in compliance with the Firearms Qualification Requirement?

\_\_\_\_\_  
 \_\_\_\_\_

**Remediation:** What steps are being taken to bring the officer into compliance ?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Timelines:** What are the deadlines that are proposed to bring the officer into compliance?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(use additional sheets if necessary)

### Exception Report—Compliance Reporting

Officers achieving compliance with the mandatory firearms qualification requirements:

	Last Name	First Name	Day Score	Night Score
1				
2				
3				
4				
5				

The above listed officers previously reported as out of compliance, have been brought into compliance for the reporting period of \_\_\_\_\_(year).

Date Submitted: \_\_\_\_\_

Agency:\_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact#\_\_\_\_\_

Submitted by:\_\_\_\_\_

Contact#\_\_\_\_\_

**Firearms Qualification Data:**

DPS Firearms Instructor:\_\_\_\_\_

Contact #\_\_\_\_\_

Date Qualification Conducted:\_\_\_\_\_

Range Location:\_\_\_\_\_

Signature of DPS Certified Firearms Instructor\_\_\_\_\_

Registry Input by:	Instructor Certification Verified by:	Firearms Entry by:
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