

FIREARMS SCORES REPORTING FORM

PLEASE TYPE OR PRINT

Reporting Department _____ Range Location _____

Submitted by: _____ Date of Qualification _____

Student Name - Last, First, Middle	SSN# or DPS Cert.#	Daytime Score	Night time Score	Model	Serial Number

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

Firearms Instructor Name (print) _____ **Agency:** _____ **Contact#:** _____

Firearms Instructor Signature _____ **Instructor Certification No.** _____

DPS Official Use: **Data Entry Input Processed by:** _____ **Date Completed:** _____