CERTIFIED FIREARMS TRAINER'S
DOCUMENTATION RECORD

NAME _____

RANGE LOCATION _____
(Street)

CITY _____

DATE _____

EMPLOYER _____

EAR PROTECTION   YES _____   NO _____

EYE PROTECTION   YES _____   NO _____

STUDENT'S WEAPON INFORMATION

CHECKED PRIOR TO FIRING   YES _____   NO _____

TYPE   REVOLVER _____   SEMIAUTOMATIC _____

MAKE _____

MODEL _____

SERIAL NUMBER _____

BARREL LENGTH _____

AMMUNITION USED TO QUALIFY _____

HANDGUN QUALIFICATION

DATE FIRED _____

B-27 TARGET	NUMBER OF SHOTS	VALUE		NUMBER OF SHOTS	VALUE		NUMBER OF SHOTS	VALUE		NUMBER OF SHOTS	VALUE		NUMBER OF SHOTS	VALUE		NUMBER OF SHOTS	VALUE	
	Day Firing									**Night Firing**								
5 RING			X5			X5			X5			X5			X5			X5
4 RING			X4			X4			X4			X4			X4			X4
3 RING			X3			X3			X3			X3			X3			X3
MISSING																		
TOTAL																		
SCORE																		

SHOTGUN QUALIFICATION

DATE FIRED _____   MAKE _____   MODEL _____   GAUGE _____   AMMUNITION: 00 BUCK _____ SLUGS _____

SCORE _____

FIREARMS TRAINER'S NAME _____
(PLEASE PRINT)

FIREARMS TRAINER'S SIGNATURE _____   SHOOTER'S SIGNATURE _____