



NORTH CAROLINA PRIVATE PROTECTIVE SERVICES

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PRE-DELIVERY REPORT

BASIC

[] HANDGUN (20-hrs) [] SHOTGUN (8-Hrs) [] RIFLE (16-Hrs)

RECERTIFICATION

[] HANDGUN (4-Hrs) [] SHOTGUN (1-Hr) [] RIFLE (1-Hr)

TRAINER'S NAME: _____ TRAINER NUMBER: _____

Trainer's expiration date: _____ Trainer Telephone: _____

Table with 4 columns: Dates and Times of Training, Start Time, End Time, Total Hours. Includes rows for Training Date and a TOTAL TRAINING HOURS row.

CLASSROOM LOCATION: _____
STREET
CITY

RANGE (CHECK APPROPRIATE BOX): [] Indoor [] Outdoor

Date & Time of QUALIFICATION:

_____/_____/_____
Date Start time End time

LOCATION OF RANGE: _____
ADDRESS
CITY

NUMBER OF STUDENTS ANTICIPATED: _____

CERTIFIED FIREARMS TRAINER'S SIGNATURE: _____ DATE: _____