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 _____

	Day Firing									Night Firing								
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
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 _____