

# RIFLE QUALIFICATION CERTIFIED PPS FIREARMS TRAINER DOCUMENTATION RECORD

STUDENT NAME \_\_\_\_\_

RANGE NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EAR PROTECTION      YES \_\_\_\_\_ NO \_\_\_\_\_

EYE PROTECTION      YES \_\_\_\_\_ NO \_\_\_\_\_

## WEAPON INFORMATION

CHECKED PRIOR TO FIRING      YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE      BOLT ACTION \_\_\_\_\_ SEMIAUTOMATIC \_\_\_\_\_

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

BARREL LENGTH \_\_\_\_\_

QUALIFICATION AMMUNITION \_\_\_\_\_

## RIFLE QUALIFICATION SCORES

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 Or 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																		

RIFLE SKILLS COURSE PASSED      YES \_\_\_\_\_ NO \_\_\_\_\_

FIREARMS TRAINER NAME \_\_\_\_\_  
(PLEASE PRINT)

FIREARMS TRAINER SIGNATURE \_\_\_\_\_

SHOOTER SIGNATURE \_\_\_\_\_