

**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 Or SHOTS	VALUE										
5 RING		X5			X5			X5			X5			X5	
4 RING		X4			X4			X4			X4			X4	
3 RING		X3			X3			X3			X3			X3	
MISSING															
TOTAL															
SCORE															

RIFLE SKILLS COURSE PASSED YES _____ NO _____

FIREARMS TRAINER NAME _____
(PLEASE PRINT)

FIREARMS TRAINER SIGNATURE _____

SHOOTER SIGNATURE _____