



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**

3101 Industrial Drive • Suite 104  
Raleigh, North Carolina 27609  
Phone: (919) 788-5320 • Fax: (919) 715-0370  
E-Mail: [PPSASL@ncdps.gov](mailto:PPSASL@ncdps.gov)  
Web Page: [www.NCDPS.gov/PPS](http://www.NCDPS.gov/PPS)



**FIREARMS TRAINING CERTIFICATE [Renewal]**

*THIS CERTIFIES THAT*

\_\_\_\_\_  
*Name of Applicant*

Has successfully completed the PPS Armed Training consisting of a minimum of four (4) hours of classroom training for renewal of the armed permit, pursuant to the provisions of N.C.G.S. 74C and 14B NCAC 16 .0807 & .1407. In addition, the applicant has completed range qualification on the required PPS courses of fire with the duty firearm indicated below and attained the qualification scores indicated.

LOCATION OF CLASSROOM TRAINING: \_\_\_\_\_

DATE COURSE COMPLETED: \_\_\_\_\_

LOCATION OF RANGE TRAINING: \_\_\_\_\_

DATE OF QUALIFICATION: \_\_\_\_\_ DAY SCORE: \_\_\_\_\_ NIGHT SCORE: \_\_\_\_\_

HANDGUN INFORMATION

CALIBER: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

SERIAL#: \_\_\_\_\_ DUTY AMMUNITION USED: \_\_\_\_\_

SHOTGUN INFORMATION

The applicant named above has completed an additional one (1) hour of classroom training on the standard 12 gauge shotgun for renewal of the armed permit, plus range qualification. \_\_\_ Yes \_\_\_ No.

Date classroom training completed: \_\_\_\_\_ Date of Qualification: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SCORE: \_\_\_\_\_

TYPE OF AMMUNITION USED FOR QUALIFICATION: \_\_\_\_\_

*The above information is true, accurate, and complete to the best of my knowledge.*

\_\_\_\_\_  
PRINT CERTIFIED TRAINER NAME

\_\_\_\_\_  
CERTIFICATION NUMBER

\_\_\_\_\_  
CERTIFIED TRAINER SIGNATURE

\_\_\_\_\_  
DATE