



NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD



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- Check one box only for type of report:
[] PRE DELIVERY CONTINUATION SHEET (fax in prior to class with student names only)
[] POST DELIVERY CONTINUATION SHEET (mail in the original with names & scores)
RANGE (check appropriate box): indoor [] outdoor []

- Check one box only for type of course:
[] FIREARMS CERTIFICATION(20 hours) [] RE-CERTIFICATION COURSE(4 hours)
LONG-GUN COURSES: [] BASIC RIFLE(16 Hrs) [] BASIC SHOTGUN(8 Hrs)

CERTIFIED TRAINER'S NAME: _____

Table with 5 columns: Student Name(s), Classroom Score, Day Range Scores, Night Range Scores, Shotgun Scores. Multiple rows for data entry.

Certified Firearms Trainer's Signature: _____ Date: _____