

CERTIFIED PPS FIREARMS TRAINER'S DOCUMENTATION RECORD

STUDENT 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
		X5			X5			X5			X5			X5	
5 RING		X5			X5			X5			X5			X5	
4 RING		X4			X4			X4			X4			X4	
3 RING		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 _____