



NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES

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FIREARMS TRAINING CERTIFICATE

New Registration
(Valid for 90 days from qualification date)

Renewal Registration
(Valid for 180 days from qualification date)

Student Name

Handgun Make: _____ Model: _____ Caliber: _____ Serial#: _____
Classroom Completion Date _____ Range Qualification Date _____
Day score _____ Night Score _____ Ammunition used _____

Rifle Make: _____ Model: _____ Caliber: _____ Serial#: _____
Classroom Completion Date: _____ Range Qualification Date: _____
Day score: _____ Night Score: _____ Ammunition used: _____
Skills test: Pass / Fail (select one)

Shotgun Make: _____ Model: _____ Caliber: _____ Serial#: _____
Classroom Completion Date: _____ Range Qualification Date: _____
Day score: _____ Ammunition used: _____

By signing below, I affirm the information provided on this form is true and accurate to the best of my knowledge, and that all classroom instruction sessions and range qualifications were conducted in accordance the requirements found in N.C.G.S. 74C-13 and Administrative Rules 14B NCAC 16 .0807 or 14B NCAC 16 .1407.

Trainer Name Certification No. & Exp. Date Trainer Signature Date