



North Carolina Department of Public Safety

Private Protective Services Board

FIREARMS TRAINING CERTIFICATE

Weapon Change Only

(Valid for 180 days from qualification date)

Instructions: This form is to be used only when an armed guard is changing to or adding a duty weapon that is of a different make and model than which they are currently qualified to carry, pursuant to Administrative Rules 14B NCAC 16 .0807(i) and (s).

Student Name

Handgun

Make: _____ Model: _____ Caliber: _____ Serial#: _____

Range Qualification Date: _____

Day score: _____ Night Score: _____ Ammunition used: _____

Rifle

Make: _____ Model: _____ Caliber: _____ Serial#: _____

Range Qualification Date: _____ Skills test: Pass / Fail (select one)

Day score: _____ Night Score: _____ Ammunition used: _____

Shotgun

Make: _____ Model: _____ Caliber: _____ Serial#: _____

Range Qualification Date: _____

Day score: _____ Ammunition used: _____

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 Rule 14B NCAC 16 .0807.

Trainer Name

Cert. No. & Exp. Date

Trainer Signature

Date