

FIREARM PROFICIENCY CERTIFICATE OF COMPLETION

Name

(Registration Number or social security number (last 6 digits) of student)

This certifies that the above-named individual has met the Firearm Proficiency & Continuing Education requirements for Commissioned Security Officers established by the Private Security Program.

School Name

School Approval Number

Firearms Instructor

Instructor Approval Number

School Manager

Firearm Qualification Date

Firearm Instructor Signature

Firearm Category

School Manager Signature

Firearm Caliber

Continuing Education Instructor (If Other than
Firearm Instructor)

Continuing Education Instructor Signature (If Other
than Firearm Instructor)