

Firearms Qualification Reporting Form



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Name: _____

Date of Completion: _____

Date of Birth: _____

Range: _____

Method of qualification: Used local Firearms Instructor*

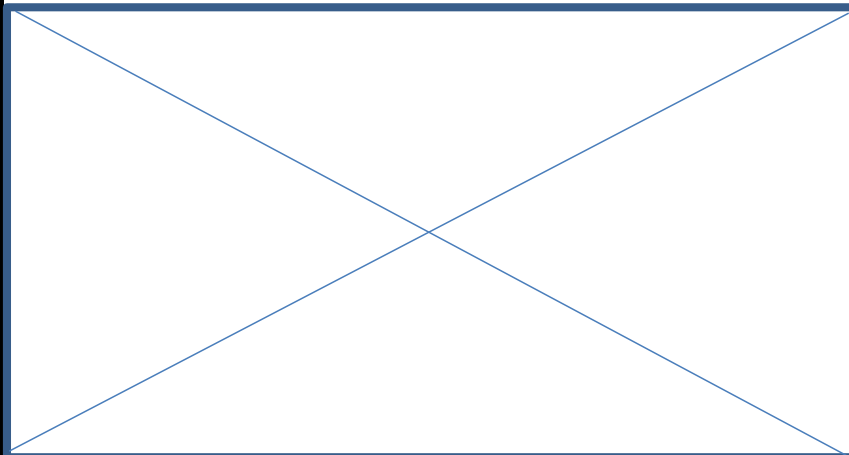
Copy of CCWP From Another State

Submit Prior Firearms Training Certificate Copy Of DD-214

Military: Copy of CAC and Current Orders

* Per Florida State Statute 790.06, a firearms instructor **must** witness the student at the live fire exercise. Therefore, the student must find a firearms instructor willing to witness and document the course of fire completion on this form prior to obtaining your certificate. You can also satisfy Florida regulations if you fit into the following categories as reflected above. 1) You have a valid CCWP from another state. The state CCWP must also have a firearms qualification requirement to meet the firearms proficiency requirement. 2) Submit proof of prior firearms training. You must be able to prove the training consisted of firearms proficiency. 3) For retired military members submit a copy of your DD-214 and 4) Active duty military must submit their CAC and a copy of their current set of orders.

Place a copy of your government ID in this box. If you've already submitted your ID no need to do it again. However, you cannot complete the course without submitting your ID.



I submitted by ID previously:

I am attaching my ID to this form:

INSTRUCTIONS: You will need 12 rounds of ammunition for any type or caliber handgun you use. Remember to use eye and ear protection and always follow range safety instructions. When using the local range master/instructor provide him/her with the form and have them read the course of fire to you. After you complete the course of fire have the instructor complete and sign the form below. You are solely responsible for any and all charges incurred by you at the gun range. Those fees are not part of the on-line class of instruction.

Instructions/Course of Fire - There is no time limit during the course of fire exercise. - There is no specific target requirement. - There is no scoring of the target. - Our goal is to ensure the candidate is able to safely handle a firearm.	Number of Rounds	Successfully Completed
1) Start with an unloaded and safe weapon: a) Revolver: load your weapon with 6 rounds: - If you have a 5 shot revolver load with 5 rounds b) Semi-Automatic: load two magazines with 6 rounds each: Holster a loaded weapon: If you are at a range that does not allow holster work place the gun on the counter with the barrel facing downrange.		<input type="checkbox"/> YES <input type="checkbox"/> NO

2) On the command of "Fire" (Your instructor can use any command) fire three rounds and reholster or place gun on counter with barrel facing downrange.	3	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) On the command of "Fire" draw and fire 3 rounds. Reload and holster or place your weapon on the counter with the barrel facing downrange. Before holstering follow the below instructions for your type of handgun. Revolvers: Unload and reload with 5 or 6 rounds Semi-Automatics: Conduct a magazine exchange and charge your firearm	3	<input type="checkbox"/> YES <input type="checkbox"/> NO
4) Repeat steps # 2 and # 3. Unload and make your gun safe after completing your course of fire.	6	<input type="checkbox"/> YES <input type="checkbox"/> NO

To be completed by a firearms instructor:

Name: _____ **Date:** _____

Instructor state: _____ **License Number:** _____

Place of Employment: _____ **Phone Number:** _____

Required information to confirm the candidate successfully completed the course of fire.

It is my professional opinion that the candidate, who showed me proper and legal identification, demonstrated basic competency with a firearm as outlined on this form. I based my opinion on my eye witness account of the candidates successful completion of the above course of fire. I did not provide the candidate with any instruction, I was only an observer.

Signature: _____

Pass **Fail**
Check one box

Candidate Signature

I, _____, certify under PENALTY OF PERJURY under the laws of the State of Florida and/or your home state, that the foregoing information in this form is true and correct.

Candidate Signature: _____ Date: _____