

# LAW ENFORCEMENT FIREARMS QUALIFICATIONS

**COURSE TITLE:**

**Sponsoring Agency:**

**Address:**

**Course of Fire: Day \_\_\_\_\_ Low Light \_\_\_\_\_**

**Training Location:**

**Dates:**

**Total Rounds Fired:**

**Firearms Instructor or Officer: (Print Full Name)**

**Agency**

**LEPS Number**


**Signature of Instructor**

**Date**

**Signature of Instructor**

**Date**

*Not required if emailed*


***I certify that the below named officers have attended and successfully completed the law enforcement qualifications described above.***

	Last Name	First Name	LEPS Number	Firearm	Rank	Department	Score
1							
2							
3							
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