The purpose of this policy is to promulgate the attached CERTIFICATION form to be used by individuals desiring to avail themselves of certain allowances afforded by 18 USC §926C. The form relates only to firearms qualification and makes no representation as to the separate question of whether a particular individual is a “qualified retired law enforcement officer” for purposes of 18 USC §926C(c).

Firearms instructors may issue this form only to those individuals who have met the active duty standards for qualification in firearms training as established by WV CSR §149-2-10, including semi-annual requirements, low-light requirements, and requirements related to the separation of all qualifications by a minimum period of three (3) months.

Firearms instructors will retain a copy of issued forms for their files and forward a copy to their respective training section.

[END]
Adopted: June 30, 2005
Revised: January 26, 2023
CERTIFICATION

Signers of this form attest that they are certified firearms instructor who are qualified to conduct firearm tests for active duty officers within the State of West Virginia and that on the below indicated dates, the below indicated “TESTED INDIVIDUAL” met the active duty standards for qualification in firearms training as established by the Law Enforcement Professional Standards Subcommittee of the Governor’s Committee on Crime, Delinquency and Correction to carry a firearm of the below indicated type.

TESTED INDIVIDUAL NAME (printed) ____________________________________________________________

(Last)   (First)   (MI)

TEST #1

Date ____________________

Course of Fire ☐ DAYLIGHT ☐ LOW-LIGHT

Firearm Type ____________________________________________________________

Instructor Name (printed) ____________________________________________________________

(Last)   (First)   (MI)

Instructor Certification Number ____________________________________________

Instructor Signature ____________________________________________

TEST #2

Date ____________________

Course of Fire ☐ DAYLIGHT ☐ LOW-LIGHT

Firearm Type ____________________________________________________________

Instructor Name (printed) ____________________________________________________________

(Last)   (First)   (MI)

Instructor Certification Number ____________________________________________

Instructor Signature ____________________________________________