



WEAPONS QUALIFICATION SCORE (Must be completed by Range Instructor and submitted with application)



Name and address of candidate: _____

Street City State Zip Code

Date of birth: _____

Date of qualification: _____

Location of range where qualification was completed: _____

Weapon Qualification Score: _____

Caliber of weapon: _____

Army-L: _____

R.I. Combat: (Not Required) _____

Print the name and telephone number of the instructor:

Provide the instructor's or range officer's certification details
(e.g., National Rifle Association, United States Revolver Association, or other recognized entity)

Signature of certifying instructor: _____

Date signed by certifying instructor: _____

**Copy of INSTRUCTORS NRA/ FBI CERTIFICATE OR CERTIFICATION CARD with
visible expiration date must be included.**