

# Qualified Retired Law Enforcement Officer Firearms Training Record, 18 U.S.C. § 926C(d)(2)(B)

**Be advised that this certification alone does NOT confer LEOSA status. A qualified separated/retired LEO must possess both this certification and the photographic ID issued to them by their former agency when carrying in their home state or nationwide for LEOSA immunity. 18 U.S.C. § 926C(d)(2).**

\_\_\_\_\_  
Print Name of Retired LEO above.

\_\_\_\_\_  
Print Name of State

## Firearms Instructor Certification for Firearms Qualification

1. I am a certified firearms instructor. I am qualified to conduct firearms qualification test(s) for active duty law enforcement officers within the State specified above and have conducted such qualification test(s) for active duty law enforcement officer(s) on behalf of the following law enforcement agency(ies):

\_\_\_\_\_  
within the 12-month period before the date of qualification specified below. 18 U.S.C. § 926C(d)(2)(B).

2. [Cross-out the paragraph that does not apply and initial the one that does apply.]  
[        ] The State specified above has NOT established a statewide firearms qualification test of fire for active duty law enforcement officers, and thus the above-named person has successfully completed the firearms qualification test course(s) of fire prescribed by the following federal, state, or local law enforcement agency \_\_\_\_\_ within the State specified above to carry a firearm of the same type as the type(s) of firearms indicated by my initials set forth below.  
[OR]  
[        ] The above-named person has successfully completed the firearms qualification test course(s) of fire established by the State specified above for active duty law enforcement officers in said State to carry a firearm of the same type(s) as the firearm type(s) indicated by my initials set forth below.

Scores/Notes:  
\_\_\_\_\_

3. Type(s) of firearms utilized for qualification. Write in your initials for those that apply and cross-out all others:  
(        ) Handgun, revolver        (        ) Semi-automatic handgun        (        ) Pump Action Shotgun  
(        ) Semi-automatic shotgun (        ) Carbine        (        ) Semi-automatic rifle
4. I certify under penalty of law that the foregoing statements made by me are true. I am aware that the above-name person shall rely upon my representations and if any of the foregoing responses made by me are willfully false, I may be subject to civil and/or criminal liability.

\_\_\_\_\_  
Print Name of Firearms Instructor above.

\_\_\_\_\_  
Sign Name of Firearms Instructor above.

\_\_\_\_\_  
Print address of Firearms Instructor

\_\_\_\_\_  
Date of Qualification (DD/MMM/YYYY)