Council on Law Enforcement Education and Training FIREARMS QUALIFICATION REPORT

This form must be completed by employers to report the successful completion of the annual firearms qualification implemented by the Council on Law Enforcement Education and Training (CLEET), effective October 1, 2014.

QUALIFICATION INFORMATION Date of Qualification Attempt		
Location of Qualification Attempt Printed Name of Rangemaster or Person Supervising Qualification		
CLEET Firearms Instructor Number Signature	Othe	er Firearms Instructor Credentials
<u></u>		
OFFICERS WHO QUALIFIED* Social Security or	*Note: Do not report the names of officers w	ho attempted qualification but failed.
CLEET Number	Officer's Name (Last, First MI)	Department
	GNATURE* iify that under penalty of perjury that there information provided on this form.	are no willful misrepresentations,
Signature of Agency Head or Des	signee Date ompleted in the presence of a CLEET certified firear	ms instructor or a certified firearms instructor
annroyed by the employing agency C	confirmation of firearms instructor certification is the r	responsibility of the Agency Head