

Oklahoma Council on Law Enforcement Education and Training
Assistant Attorney General Firearms Qualification Report

PART 1 - TO BE COMPLETED BY THE ASSISTANT ATTORNEY GENERAL

Social Security or CLEET Number: _____ Phone #: _____

Name (Last, First MI): _____

Mailing Address: _____

Judicial District Represented: _____

By signing below, I certify under penalty of perjury that:

1. There are no willful misrepresentations, omissions, or falsifications in the information provided on this form.
2. I am an Assistant Attorney General for the State of Oklahoma.
3. I am authorized to carry a firearm for personal protection pursuant to Title 70, Section 3311.14 of the Oklahoma Statutes.
4. I have successfully completed the approved firearms training course.

SIGNATURE: _____ DATE: _____

PART 2 - TO BE COMPLETED BY A CERTIFIED FIREARMS INSTRUCTOR

Date of Qualification: _____

Location of Qualification: _____

Printed Name of Rangemaster or
Person Supervising Qualification: _____

By signing below, I certify under penalty of perjury that:

1. The above named person completed the approved training course and attained the minimum score of 72 points on the 25-round CLEET Handgun Qualification Course.
2. I am a certified firearms instructor.
3. There are no willful misrepresentations, omissions, or falsifications in the information provided on this form.

CLEET Firearms Instructor Number: _____ Phone #: _____

SIGNATURE: _____ DATE: _____

PART 3 - TO BE COMPLETED BY THE ATTORNEY GENERAL

Name : _____

I certify that the above named person is an Assistant Attorney General for the State of Oklahoma.

Attorney General