

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

PART 1 - TO BE COMPLETED BY ASSISTANT DISTRICT ATTORNEY

Social Security or CLEET Number _____
Name (Last, First MI) _____
Mailing Address _____
Phone # _____ Judicial District Represented _____
County where assigned _____

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 a District Attorney for the State of Oklahoma
3. I am authorized to carry a firearm for personal protection pursuant to Title 19, Section 215.29 of the Oklahoma Statutes.
4. I have successfully completed an approved course of firearm training conducted by a certified firearms instructor

SIGNATURE: _____ DATE: _____

PART 2 - TO BE COMPLETED BY A CLEET CERTIFIED FIREARMS INSTRUCTOR

QUALIFICATION INFORMATION 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 DISTRICT ATTORNEY

Name _____
I certify that the above named person is an Assistant District Attorney for the _____
Judicial District of Oklahoma. I further certify that the above named has my permission to carry a firearm for
personal protection pursuant to 19 O.S. § 215.29

District Attorney