

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

**PART 1 - TO BE COMPLETED BY THE ASSISTANT DISTRICT ATTORNEY**

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 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 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 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