

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

**PART 1 - TO BE COMPLETED BY ASSISTANT UNITED STATES ATTORNEY**

Social Security or CLEET Number \_\_\_\_\_

Name (Last, First MI) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ 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 authorized to carry a firearm pursuant to 21 O.S. § 1289.29 of the Oklahoma Statutes
3. I have completed an approved course of firearm training conducted by a certified firearms instructor

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

QUALIFICATION INFORMATION Date of Qualification: \_\_\_\_\_

Location of Qualification \_\_\_\_\_

Printed Name of Rangemaster or

Person Supervising Qualification \_\_\_\_\_

CLEET Firearms Instructor Number (if applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 3 - TO BE COMPLETED BY UNITED STATES ATTORNEY**

Name \_\_\_\_\_

I certify that the above named person is an Assistant United States Attorney for the \_\_\_\_\_  
District of Oklahoma.

\_\_\_\_\_  
United States Attorney