

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

**PART 1 - TO BE COMPLETED BY 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 the approved firearms training course

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: \_\_\_\_\_