Council on Law Enforcement Education and Training
FIREARMS QUALIFICATION REPORT

This form must be completed by employers to report the successful completion of the annual firearms qualification implemented by the Council on Law Enforcement Education and Training (CLEET), effective January 1, 2008.

QUALIFICATION INFORMATION

Date of Qualification Attempt _____

Name of Range / City of Qualification _____

Printed Name of Rangemaster or
Person Supervising Qualification _____

CLEET Firearms Instructor Number _____ OR _____
Other Firearms Instructor Credentials

Signature _____ Phone Number _____

OFFICERS WHO QUALIFIED*

*Note: Do not report the names of officers who attempted qualification but failed.

CLEET Number	Officer's Name (Last, First MI)	Department

By signing my name below, I certify that under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the information provided on this form.

_____ _____
Signature of Agency Head or Designee Date

*If CLEET Firearms Instructor was not utizlized, this document may not be signed by a designee, and requires the signature of the Agency Head.