

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

PART 1 - TO BE COMPLETED BY RETIRED DISTRICT ATTORNEY

Social Security or CLEET Number _____

Name (Last, First MI) _____

Mailing Address _____

Phone # _____ Judicial District formerly Represented _____

County where formerly 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 retired 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: _____