

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

PART 1 - TO BE COMPLETED BY 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 for personal protection 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: _____