

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

TO BE COMPLETED BY DISTRICT ATTORNEY

Social Security or CLEET Number _____	Name (Last, First MI) _____
Mailing Address _____	
Phone # _____	Judicial District Represented _____
By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the information provided on this form. Further, I certify that I am authorized to carry a firearm for personal protection pursuant to Title 19, Section 215.29 of the Oklahoma State Statutes.	
SIGNATURE: _____	DATE: _____

TO BE COMPLETED BY A CLEET CERTIFIED FIREARMS INSTRUCTOR

<u>QUALIFICATION INFORMATION</u>	Date of Qualification: _____
Location of Qualification _____	
Printed Name of Rangemaster or Person Supervising Qualification _____	
CLEET Firearms Instructor Number _____	Phone # _____
By signing my name below, I certify under penalty of perjury that the above District Attorney completed the approved training course and attained the minimum score of 72 points on the 25-round CLEET Handgun Qualification Course. Further, I certify there are no willful misrepresentations, omissions, or falsifications in the information provided on this form.	
SIGNATURE: _____	DATE: _____