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 October 1, 2014.

QUALIFICATION INFORMATION Date of Qualification Attempt _____

Location of Qualification Attempt _____

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.

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

AGENCY HEAD / DESIGNEE SIGNATURE*

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

* Requalification must be successfully completed in the presence of a CLEET certified firearms instructor or a certified firearms instructor approved by the employing agency. Confirmation of firearms instructor certification is the responsibility of the Agency Head.