

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

PART 1 - TO BE COMPLETED BY THE U.S. ATTORNEY

Social Security or CLEET Number: _____ Phone #: _____

Name (Last, First MI): _____

Mailing Address: _____

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 pursuant to 21 O.S. § 1289.29 of the Oklahoma Statutes.
3. I have successfully completed the approved firearms training course.

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: _____

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 (if applicable): _____ Phone #: _____

SIGNATURE: _____ DATE: _____