CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

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FIREARMS QUALIFICATION RECORD INSTRUCTIONS

Form F-9A *(rev. 1.1.15)*

This form must be utilized to record the annual In-Service Firearms Training and Qualification for each certified officer in compliance with 12 NCAC 9E .0100 or 12 NCAC 10B .2104. A copy must be maintained in each officer's personnel file at the employing agency, and must be available for inspection by a Commission Staff member. A copy must be attached to the F-5A and submitted to the Criminal Justice Standards Division for all new hires.

SECTION I:	Must be completed for every officer.
SECTION II:	Must be completed for every officer and signed and dated by the instructor(s).
SECTION III:	Must be signed and dated by the officer.
SECTION IV:	Must be signed and dated by the Agency Head or designated representative.
SECTION V:	Must be completed and signed by the specific certified Specialized Firearms Instructor(s).

I. OFFICER'S NAME:_____ SSN (Last 4):_____

Certified by: NC Criminal Justice Education and Training Standards Commission: ☐ Yes ☐ No
Certified by: NC Sheriffs' Education and Training Standards Commission: ☐ Yes ☐ No

EMPLOYING/APPOINTING AGENCY:_____

II. FIREARMS INSTRUCTOR COMPLIANCE – CLASSROOM REQUIREMENT

As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has completed the mandatory classroom portion of the in-service firearms training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failure to complete this training requires that the agency head or designated representative be notified. The classroom session was completed on _____(date).

Print Name of Firearms Instructor	Signature of Firearms Instructor	Instructor #	Date Signed

III. ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

I do hereby certify that I have been advised of my firearms qualification scores by the Specialized Firearms Instructor(s) indicated. I also understand that if I have failed to qualify with any weapons(s) required, I may not carry and/or have access to the weapon until such time as I have qualified. I further understand that I must notify my agency head or designated representative within 24 hours of my failure to qualify, and/or successfully complete the training portion as prescribed in 12 NCAC .9E .0105 or 12 NCAC 10B .2103 as applicable.

Signature of Officer	Date Signed

IV. AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES:

As agency head, or designated representative, the below signature acknowledges receipt of the above officer's qualification scores and attests that the above officer has satisfactorily completed training on this department's policies regarding the use of force, N.C. State law regarding the use of deadly force, relevant case law, and safety and marksmanship as required in 12 NCAC 9E .0105 or 12 NCAC 10B .2103. I understand that if the officer has failed to qualify with any weapon(s), then I must restrict access to all applicable weapon(s) until such time as the officer has qualified with same.

☐ I certify that the in-service firearms training consisted of a minimum of six (6) hours/credits (For Criminal Justice Commission only.)

Signature of Agency Head/Designated Representative	Date Signed

As a certified Specialized Firearms Instructor, I hereby certify that the officer listed below has attained the score(s) as documented below. I understand that if the officer has failed to qualify, then I must deliver a copy of this form to the officer's agency head or designated representative within 72 hours either in person, or by certified mail.*

OFFICER'S NAME: _____ NAME OR RANGE LOCATION: _____ **F-9A** *(rev. 1.1.15)*

V. SERVICE HANDGUN QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) or (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1.										
2.										
3.										
4.										

OFF-DUTY HANDGUN QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1.										
2.										
3.										
4.										

SHOTGUN/RIFLE QUALIFICATION

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1.										
2.										

AUTOMATIC/SPECIALTY WEAPONS/OTHER

Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) (P)(F)	Qualify Yes/No	Print and Sign Name & Instructor Number
1.										
2.										

COMBAT COURSE (Mandated by Sheriffs' Standards Commission)

Date	Day/Night	Pass/Fail	Comments	Print and Sign Name & Instructor Number
1.				
2.				

R-Revolver
SA- Semi Auto Handgun
SG- Shotgun
AW- Automatic Weapon
RF- Rifle

S&W- Smith & Wesson
GLO - Glock
BER- Beretta
RUG- Ruger
SIG- Sig Sauer

BEN-Benelli
CLT - Colt
WIN- Winchester
ARA - Armalite
SAV - Savage

BRO- Browning
H&K – Heckler & Koch
MOS- Mossberg
REM – Remington
BUS – Bushmaster

SW- Specialized Weapon
SPF -Springfield
RRV – Rock River

Ammunition- Must be duty ammunition or ballistic equivalent ammunition.
Include sufficient information to fully describe such as caliber, projectile weight and type.
*Sheriff's Standards handgun night requires use of flashlight at the 5-yd line
*Sheriff's Standards accepts pass/fail rather than % scores