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

**Sheriffs' Standards Division** 

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## Criminal Justice Standards Division

Post Office Drawer 149 Raleigh, NC 27602 Telephone: (919) 661-5980 Fax: (919) 779-8210

## FIREARMS QUALIFICATION RECORD INSTRUCTIONS

Date Signed

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 completed for every officer and signed and dated by the instructor(s). If the instructor is qualifying officers from his/her own agency, that agency's qualification records may be used in lieu of completing Section VI on the back side of this form. At a minimum, the agency records must contain the information noted on the back of this form and must be attached to this Record. An Instructor qualifying officers from agencies other than his/her own MUST utilize Section VI of this form. **SECTION IV:** Must be signed and dated by the officer. SECTION V: Must be signed and dated by the Agency Head or designated representative. SECTION VI: Must be completed and signed by the Specific Firearms Instructor 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 EMPLOYING/APPOINTING AGENCY: FIREARMS INSTRUCTOR COMPLIANCE - CLASSROOM REQUIREMENT II. 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 Date Signed Instructor # III. FIREARMS INSTRUCTOR COMPLIANCE CERTIFICATION - RANGE QUALIFICATION As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has attained the scores as documented on the reverse side of this document as noted by my signature. I understand that if this 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. Print Name of Firearms Instructor Signature of Firearms Instructor Instructor # Date Signed ACKNOWLEDGEMENT OF QUALIFICATION SCORES: IV. 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, then 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 AGENCY ACKNOWLEDGEMENT OF QUALIFICATION SCORES: V. 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.)

OFFICER'S NAME: NAME OR RANGE LOCATION:									<b> F-9A</b> (rev. 1.1.14)	
VI. SERVIC	E HANDGUN	OUALIFIC	CATION							
Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%) or (P)(F)	Qualify Yes/No	<u>Print Name/ Instructor Number</u> Initials
1.								(= )(= )		
2.										
3.										
4.										
<b>OFF-DUTY I</b>	HANDGUN QI	UALIFICAT	ΓΙΟΝ							
Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%)	Qualify Yes/No	<u>Print Name/ Instructor Number</u> Initials
1.										
2.										
3.										
4.										
CHOTCHNIT		EIGATION								
Date Date	Weapon	Make	Model	Calibaras	Serial #	Ammynition	Day(D)	Caara	Onelify	Print Name/ Instructor Number
	Туре	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%)	Qualify Yes/No	Initials
1.										
2.										
3.										
AUTOMATI	C/SPECIALTY	Y WEAPON	S/OTHER						ı	
Date	Weapon Type	Make	Model	Caliber or Gauge	Serial #	Ammunition	Day(D) Night(N)	Score (%)	Qualify Yes/No	<u>Print Name/ Instructor Number</u> Initials
1.										
2.										
3.										
COMBAT CO	OURSE (Mand	lated by She	eriffs' Comn	nission)					_1	
Date Day/Night Pass/Fail Comments									Print Name/ Instructor Number/ Initials	
1.										
2.										
3.										
R-Revolver	•		S&W- Smith		BEN-Benelli	BRO- Bro		Amm	unition- Mu	st be duty ammunition or ballistic equivalent ammunition.
SA- Semi Auto H SG- Shotgun	landgun		GLO - Gloci BER- Berett		CLT - Colt WIN- Winchest		leckler & Koc	h Inclu	de sufficient	information to fully describe such as caliber, projectile weight and tyrds handgun night requires use of flashlight at the 5-yd line
AW- Automatic Weapon RUG- Ruger					WIN- Winchester MOS- Mossberg *Sheriff's Standards handgun night requires use of flashlight at the 5-yd line *ARA - Armalite REM – Remington *Sheriff's Standards accepts pass/fail rather than % scores					

BUS – Bushmaster

RRV - Rock River

ARA - Armalite SAV - Savage

SW- Specialized Weapon

RF- Rifle

RUG- Ruger SIG- Sig Sauer SPF -Springfield

\*Sheriff's Standards handgun night requires use of flashlight at the 5-yd line

\* Sheriff's Standards accepts pass/fail rather than % scores