

NEW

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

PART 1 - TO BE COMPLETED BY THE ASSISTANT UNITED STATES 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 for personal protection 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

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 handgun qualification 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: _____

Phone #: _____

SIGNATURE: _____

DATE: _____

PART 3 - TO BE COMPLETED BY THE UNITED STATES ATTORNEY

Name: _____

I certify that the above named person is an Assistant United States Attorney for the _____
District of Oklahoma.

UNITED STATES ATTORNEY