



TENNESSEE CONSTABLES' ASSOCIATION
FIREARMS TRAINING RECORD



Year: _____

Name: _____ SSN: _____ County: _____

Location: _____ Date: _____

Score

	Day	Night	Stress
Duty Qualification Course			
Off Duty			
Shotgun			
Rifle			

Firearms Used

Type	Make	Model	Caliber	Serial #	Inspection
Duty Pistol					
Rifle					
Shotgun					
Off Duty					

Ammunition

Type	Manufacturer	Bullet Type	Rounds Issued	Rounds Fired
Pistol				
Rifle				
Shotgun				
Off Duty				

FIREARMS INSTRUCTOR ONLY

I, (print name) _____, affirm that I am a current **certified law enforcement firearms instructor** and that the above officer has completed **8 hours of firearms training** and passed the qualification course as required.

Instructor Training Certification (NRA, POST, etc.): _____

Instructor Certification Number: _____

Instructor Certification Expiration: _____

Signature: _____ Date: _____