

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION



State of South Carolina )  
County of \_\_\_\_\_)

## PROOF OF TRAINING AND VERIFICATION OF FIREARMS QUALIFICATION

NAME OF SECURITY OFFICER: \_\_\_\_\_  
( PLEASE PRINT )  
NAME OF SECURITY COMPANY: \_\_\_\_\_  
( PLEASE PRINT )  
NAME OF TRAINING OFFICER: \_\_\_\_\_  
( PLEASE PRINT )

On \_\_\_\_\_, 20\_\_\_\_, the above named officer was taken to a firearms range for qualification. I certify the following results and tasks were completed: (A) Officer was instructed in basic weapon safety, both on and off duty. (B) Weapons liability, both on and off duty, was explained to the officer. (C) The officer fired the approved qualification course with the following results:

1. Revolver Course: \_\_\_\_\_ out of a possible 250. (Minimum 175 (70%)).
2. Auto-Pistol Course: \_\_\_\_\_ out of a possible 315. (Minimum 237 (75%)).

Weapon(s) utilized: Make \_\_\_\_\_ Model \_\_\_\_\_ Caliber \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Caliber \_\_\_\_\_

I certify the above to be accurate, and recommend that the above-named officer be:  
\_\_\_\_\_ QUALIFIED \_\_\_\_\_ NOT QUALIFIED

I certify that I have received the training described above.

\_\_\_\_\_  
Training Officer (Signature)

\_\_\_\_\_  
Expiration date of Registration Card

\_\_\_\_\_  
Signature of Security Officer

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Last 4 digits of Social Security Number

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PD/PS-3  
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