



**NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES BOARD**

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Raleigh, North Carolina 27609

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E-Mail: PPSASL@ncdps.gov

Web Page: www.NCDPS.gov/PPS



POST-DELIVERY REPORT (mail original to PPS)

Check block of only ONE of below courses:

☐ **FIREARMS CERTIFICATION(20 hours)** ☐ **RE-CERTIFICATION COURSE(4 hours)**

LONG-GUN COURSES: ☐ **BASIC RIFLE(16 Hrs)** ☐ **BASIC SHOTGUN(8 Hrs)**

CERTIFIED TRAINER'S NAME : _____

DATES & TIMES OF TRAINING:

start time

end time

total hours

Training date _____

Training date _____

Training date _____

Training date _____

Training date _____

TOTAL TRAINING HOURS _____

RANGE (check appropriate box): indoor ☐ outdoor ☐

DATE & TIME OF QUALIFICATION:

RANGE OWNER: (Name) _____ **date** _____ **start time** _____ **end time** _____

LOCATION OF RANGE:

ADDRESS

Phone # of Range _____

CITY

NUMBER OF STUDENTS ANTICIPATED: _____

STUDENT NAME(S)	CLASSROOM SCORE	DAY RANGE SCORES	NIGHT RANGE SCORES	SHOTGUN SCORES
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The Basic Armed Security Officer Training Course will consist of a minimum of twenty (20) hours of classroom training, pursuant to the provisions of N.C.G.S. 74C and 14B NCAC 16 .0807. The Basic Re-Certification Training Course for Armed Security Guards will consist of a minimum of four (4) hours of classroom training, pursuant to the provisions of N.C.G.S. 74C and 14B NCAC 16 .0807. In addition, the applicant will complete range qualification on the required PPS course of fire with his/her duty handgun and duty ammunition.

Circle the weapon(s) that are being trained on: ☐ PISTOL ☐ REVOLVER / ☐ SHOTGUN ☐ RIFLE

CERTIFIED FIREARMS TRAINER'S SIGNATURE: _____ **DATE** _____