



NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES

3101 Industrial Drive – Suite 104
Raleigh, North Carolina 27609
Phone: (919) 788-5320
Web Page: www.NCDPS.gov/PPS
Email: PPSASL@NCDPS.gov



FIREARMS TRAINING CERTIFICATE

For use only during a disaster declaration or state of emergency, pursuant to N.C. Gen. Stat. § 74C-11(g). This certificate shall not be used to register an armed security guard.

Student Name

Handgun Make: _____ Model: _____ Caliber: _____ Serial#: _____
Classroom Completion Date: _____ Range Qualification Date: _____
Day score: _____ Night Score: _____ Ammunition used: _____

Rifle Make: _____ Model: _____ Caliber: _____ Serial#: _____
Classroom Completion Date: _____ Range Qualification Date: _____
Day score: _____ Night Score: _____ Ammunition used: _____
Skills test: Pass / Fail (select one)

Shotgun Make: _____ Model: _____ Caliber: _____ Serial#: _____
Classroom Completion Date: _____ Range Qualification Date: _____
Day score: _____ Night Score: _____ Ammunition used: _____

By signing below, I affirm the following: (1) The information provided on this form is true and accurate to the best of my knowledge; (2) The student completed the 4-hour block of instruction required by N.C.G.S. 74C-11(g)(3) and Rule 14B NCAC 16 .0807(c)(1); and (3) The range qualifications were conducted in accordance the requirements found in N.C.G.S. 74C-13 and Administrative Rules 14B NCAC 16 .0807.

Trainer Name

Certification No. & Exp. Date

Trainer Signature

Date