North Carolina Department of Public Safety

Private Protective Services Board

FIREARMS TRAINING CERTIFICATE

☐ New Registration (Valid for 90 days from training completion)

☐ Renewal Registration (Valid for 180 days from training completion)

☐ Dual 1-Year (Valid for 180 days from training completion)

_____

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:_____ Ammunition used:_____

By signing below, I affirm the information provided on this form is true and accurate to the best of my knowledge, and that all classroom instruction sessions and range qualifications were conducted in accordance with the requirements found in N.C.G.S. 74C-13 and Administrative Rules 14B NCAC 16 .0807 or 14B NCAC 16 .1407.

_____	_____	_____
Trainer Name	Certification No.	Expiration Date

_____	_____
Trainer Signature	Date

Revised 10/2025