



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

Chapter 493, Florida Statutes
Rule 5N-1.132, Florida Administrative Code
Post Office Box 5767 ♦ Tallahassee, FL 32314-5767 ♦ (850) 245-5691
www.mylensesite.com

This form must be completed in its entirety. Type or use black ink.
See Rule 5N-1.132, Florida Administrative Code, for detailed instructions.

Student Name	Student Date of Birth (mm/dd/yyyy)
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Type of Training (select ONE)	<input type="checkbox"/> 28 hours	<input type="checkbox"/> 4 hours	Class "G" license number:
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Range Score	Written Exam Score	Type (Revolver, Rifle, Semi-Automatic, Shotgun)	Firearm Caliber
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Name of Range	Range Street Address and City
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Date Training Completed	Student Signature	Date Signed
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IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE COMMENTS SECTION BELOW.

Comments

INSTRUCTOR'S CERTIFICATION

Select ONE:

I certify, for the reasons stated above, the above named student has not satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Training Manual Student Handbook and Study Guide, FDACS P-02079, eff. 09/16, incorporated in Rule 5N-1.132, F.A.C.; that all information contained herein is true and correct; and to the best of my knowledge, the above named student is not qualified to carry a firearm in connection with his or her duties.

I certify the above named student has satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Training Manual Student Handbook and Study Guide, FDACS P-02079, eff. 09/16, incorporated in Rule 5N-1.132, F.A.C.; that all information contained herein is true and correct; and to the best of my knowledge, the above named student is qualified to carry a firearm in connection with his or her duties.

Instructor Name (type or print)	Instructor License Number	
Instructor Signature	Date Signed	Phone Number ()

ORIGINAL WHITE Page: Mail to DIVISION OF LICENSING P. O. BOX 5767 TALLAHASSEE, FL 32314-5767	YELLOW Page: Instructor copy. Must be retained by instructor for two years from date training completed, regardless of whether the student passed the course.	PINK Page: Student copy. Given to student upon completion of course, regardless of whether the student passed the course.
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