

NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD

3101 Industrial Dr. • Suite 104 Raleigh, North Carolina 27609 Phone: (919) 788-5320 • Fax: (919) 715-0370 E-Mail: <u>PPSASL@ncdps.gov</u> Web Page: <u>www.NCDPS.gov/PPS</u>



FIREARMS TRAINING CERTIFICATE

THIS CERTIFIES THAT

Name of Applicant

Has successfully completed the Basic Armed Security Officer Training Course consisting 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 & .1407. In addition, the applicant has completed range qualification on the required PPS courses of fire with the duty handgun indicated below and attained the qualification scores indicated.

LOCATION OF CLASSROOM TRA	INING:			
DATE COURSE COMPLETED:		,		
LOCATION OF RANGE TRAINING	3:			
DATE OF QUALIFICATION:		DAY SCORE:	NIGHT SCORE:	
HANDGUN INFORMATION				
CALIBER:	MAKE:		_ MODEL:	
SERIAL#;	DUTY AMMUNITION USED:			
SHOTGUN INFORMATION				
The applicant named above has conshotgun, plus range training.		four (4) hours of class	sroom training on the standard 12 gauge	
Date classroom training completed: Date			e of Qualification:	
MAKE:	MODEL:		SCORE:	
TYPE OF AMMUNITION USED FO	R QUALIFICATION:			
The above information is true, accura	te, and complete to the l	best of my knowledge.		
PRINT CERTIFIED TRAINER NAME			CERTIFICATION NUMBER	
CERTIFIED TRAINER SIGNATURE			DATE	