

## NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD



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E-Mail: PPSASL@ncdps.gov Web Page: www.NCDPS.gov/PPS

## PRE-DELIVERY REPORT

Check only one of the below boxes

□FIREARMS BASIC CERTIFICATION COURSE (20 hrs)
□FIREARMS BASIC RE-CERTIFICATION COURSE (4 hrs)
LONG-GUN COURSES: □BASIC RIFLE(16 Hrs) □BASIC SHOTGUN(8 Hrs)
(\*\*Fax 5 days prior to course start and mail original to PPSB)

CERTIFIED TRAINER'S NAME :					
EMERGENCY CONTACT INFORMATION:  Trainer's e-mail or fax #		Trainer's telephone number closest to training site  Trainers cell phone number or pager number			
					**************************************
DATES & TIMES OF TRAINING:		start time	end time	total hours	
Training date					
Training date					
Training date		<del></del>		· · · · · · · · · · · · · · · · · · ·	
Training date					
Training date					
Phone # of Classroom	<del> </del>	TOTAL TRA	ANING HOUR	RS:	
ACTUAL LOCATION OF TRAINING:			STREET		
			CITY		
*********			******	*******	
RANGE (check appropriate box): indoo DATE & TIME OF QUALIFICATION:		)ru	/	/	
RANGE OWNER: (Name)		date	start time	end time	
LOCATION OF RANGE:					
Phone # of Range			ADDRESS		
			CITY	ð	
NUMBER OF STUDENTS ANTICIPATE	D:	÷	CITT		
The Basic Armed Security Officer Training Course of N.C.G.S. 74C and 14B NCAC 16.0807. The Basic four (4) hours of classroom training, pursuant to the p qualification on the required PPS course of fire with h	Re-Certification Tr provisions of N.C.G.S.	aining Course for Ar 74C and 14B NCAC 1	med Security Guar	ds will consist of a minim	
CERTIFIED FIREARMS TRAINER'S SIGNATURE	·		DAT	`E:	
Check the weapon(s) that are being trained on:	□ PISTOL	□ REVOLVER	/ 🗆 SHOTGU	n 🗆 rifle	
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