



State of Nevada
Department of Public Safety
INDIVIDUAL FIREARMS QUALIFICATION RECORD
(RETIRED OFFICER)

RETIRED OFFICER NAME (Please Print): _____
Last First MI

Date and year of qualification: _____ Check All That Apply: NRS 202.350 _____, 18 U.S.C. 926C(c) _____

Rangemaster (Please print): _____
Name ID number Division

Date	Class Code	Course of Fire	Rounds Fired	# of Hits	Score % Raw	Firearm Used	Retiree's Signature	Rangemaster Initials	Qualify (Yes / No)

WEAPON TO BE QUALIFIED WITH BY THIS RETIREE:
 (Make/Model/Serial #): _____

Note: The above described course of fire meets the standards of qualification set for active duty law enforcement officers employed by the Department of Public Safety.

Additional Comments: _____

