

FIREARMS LIST:

Instructions:

1. Please list the information for all firearms you wish qualify for and to be certified to carry under "LEOSA."
2. This List should be updated as needed.

1. MAKE: _____ MODEL: _____ Caliber: _____
SHOT CAPACITY: _____ COLOR: _____ ACTION: _____
SERIAL NUMBER: _____

2. MAKE: _____ MODEL: _____ Caliber: _____
SHOT CAPACITY: _____ COLOR: _____ ACTION: _____
SERIAL NUMBER: _____

3. MAKE: _____ MODEL: _____ Caliber: _____
SHOT CAPACITY: _____ COLOR: _____ ACTION: _____
SERIAL NUMBER: _____

4. MAKE: _____ MODEL: _____ Caliber: _____
SHOT CAPACITY: _____ COLOR: _____ ACTION: _____
SERIAL NUMBER: _____

5. MAKE: _____ MODEL: _____ Caliber: _____
SHOT CAPACITY: _____ COLOR: _____ ACTION: _____
SERIAL NUMBER: _____