



Washington, D.C. Metropolitan Police Department
H.R. 218 "LEOSA" Firearms Qualification Course Certificate

Instructions for Applicant:

1. Please type or print legibly in black ink the top portion of this form.
2. Take this form with you on the day or days of your training.
3. Return the completed form to the Gun Control Unit.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

To be Completed by MPDC Certified Range Instructor

Firearms Qualification:

Date Completed: _____ Firearm Make(s): _____

Range Name: _____ Firearm Caliber(s): _____

Range Location: _____

Qualification Score: _____

I hereby affirm that the above identified individual has successfully completed the firearms qualification as prescribed by the Metropolitan Police Department of the District of Columbia in compliance with the Law Enforcement Officers Safety Act of 2004 and that the above information is true and correct to the best of my knowledge, information and belief. I understand that making a false statement is punishable by criminal penalties under D.C. Code Title 22-2405.

MPDC Certified Instructor's Name: _____ Date: _____
(Printed)

MPDC Certified Instructor's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____