



Public Safety Prior Equivalent Firearms Training Analysis

Name: _____ Alias: _____
Last First Middle

Address: _____
No./Street/P.O. Box City County State Zip Code

Phone Number: ____ - ____ - ____ SSN (Last 5): ____ DOB: ____ Male Female

Email: _____

Employing Agency: _____

Address: _____
No./Street/P.O. Box City County State Zip Code

Date of appointment as an armed public safety professional: _____

OPOTC-approved firearms training program attended or peace officer training school successfully
completed prior to being appointed: _____

Start: _____ To: _____ School Number: _____ Certificate Number: _____

School Address: _____

School Phone Number: ____ - ____ - ____

Date of most recent handgun requalification (attach written evidence): _____

Weapon type (model, action): _____
(Must be same as official duty weapon)

Conducted by (instructor): _____
Name Certificate Number Expiration Date

Conducted at (agency): _____

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

Signature Printed Name Date

Witness Signature Printed Name Date