



## 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