



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Licensing

**CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE**

Chapter 493, Florida Statutes  
Rule 5N-1.134, Florida Administrative Code  
Post Office Box 5767 ♦ Tallahassee, FL 32314-5767 ♦ (850) 245-5691  
www.mylensesite.com

To be completed by Class "K" Firearm's Instructor. This form must be completed in its entirety. Type or use black ink.  
See Publication FDACS-P-01850, *Firearms Instructor's Training Manual Rev. 01/14*, for detailed instructions.

Student Name	Student Date of Birth (mm/dd/yyyy)
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Type of Training (select ONE)	<input type="checkbox"/> Initial (28 hours)	<input type="checkbox"/> Annual Requalification (4 hours)	Class "G" license number:
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Name of Range	Range Street Address and City
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Range Score	Written Exam Score	Type (Revolver, Pistol, Shotgun)	Firearm Caliber
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Date Training Completed	Student Signature	Date Signed
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IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE COMMENTS SECTION BELOW.

Comments

**INSTRUCTOR'S CERTIFICATION**

Select ONE:

I certify, for the reasons stated above, the above named student has not satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Instructor's Training Manual; that all information contained herein is true and correct; and to the best of my knowledge, the above named student is not qualified to carry a firearm in connection with his or her duties.

I certify the above named student has satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Instructor's Training Manual; that all information contained herein is true and correct; and to the best of my knowledge, the above named student is qualified to carry a firearm in connection with his or her duties.

Instructor Name (type or print)	Instructor License Number
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Instructor Signature	Date Signed	Phone Number (   )
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ORIGINAL WHITE Copy: Mail to DIVISION OF LICENSING P. O. BOX 5767 TALLAHASSEE, FL 32314-5767	YELLOW Copy: Instructor copy. Must be retained by instructor for two years from date training completed, regardless of whether the student passed the course.	PINK Copy: Student copy. Given to student upon completion of course, regardless of whether the student passed the course.
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