

**CONTINUATION OF CERTIFICATION  
 ANNUAL FIREARMS TRAINING REPORT**

Pursuant to DPS LEA Rule **10.29.9.14**, the listed individual has met the firearms re-qualification requirements as noted:

Name \_\_\_\_\_  
                     Last  First  Middle

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_

NM State Law enforcement Certification #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Official State of NM DPS Qualification Course Scores:**

| Date | Day Time Score | Night Time Score | Make | Model | Serial Number |
|------|----------------|------------------|------|-------|---------------|
|      |                |                  |      |       |               |
|      |                |                  |      |       |               |

Range facility (Agency/Location): \_\_\_\_\_

**DPS Certified Instructor** (Print or Type Name) \_\_\_\_\_

**DPS Firearm Instructor Certification Number** \_\_\_\_\_

**I hereby certify that I am a certified NM Department of Public Safety Firearms Instructor and the above firearms qualification scores are true and correct.**

**Instructor Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ - \_\_\_\_\_

**E-mail** \_\_\_\_\_

|                          |   |                                    |
|--------------------------|---|------------------------------------|
| Registry Input by: _____ | Instructor Certification Verified by: _____ | Firearms Qual. Processed by: _____ |
|--------------------------|---|------------------------------------|