South Carolina Criminal Justice Academy

To be completed for Limited Duty Officers

VERIFICATION & CERTIFICATION OF THE FIREARMS QUALIFICATION

PLEASE PRINT:

Officer's Name: _____SSN:_____

Department:_____

Firearms Instructor's Name:_____

On the _____day of _____, _____, the above-named Officer was taken to the firearms range for qualification purposes. I, the Firearms Instructor, certify the following tasks were completed and the results to be accurate and I recommend the above-named Officer be QUALIFIED.

(A) Officer was given basic weapon safety, both on duty and off duty.
(B) Weapons liability, both on duty and off duty, was explained to the Officer.
(C) The Officer fired the qualification course required by the S. C. Criminal Justice Academy with the following results:

REVOLVER COURSE:	50 Round 25 Yard TRC	_____Points (250 Max.) (188 Min.)
AUTO PISTOL COURSE:	50 Round 25 Yard AutoCourse	_____ Points (250 Max.) (188 Min.)

Signature of CJA Accredited Firearms Instructor:_____
Print CJA Accredited Firearms Instructor's Name:_____**SS#** _____
My Current Accredited Firearms Instructor's Certification Date Is:_____

EMERGENCY VEHICLE OPERATION AFFIDAVIT

I do hereby certify that the above-named Officer has been instructed, fully understands and has been given a copy of this department's Emergency Response Driving Policy.

Department's Authorized Signature:_____Date:_____

Please complete and mail to:

SC Criminal Justice Academy
Basic Training Registration
5400 Broad River Road
Columbia, SC 29212
Fax – 803 896-8360