



**DELAWARE STATE POLICE
PROFESSIONAL LICENSING
HANDGUN/SHOTGUN CERTIFICATION/RE-CERTIFICATION FORM**

APPLICANT NAME _____
(LAST) (FIRST) (MI)

DATE OF BIRTH: _____

FIREARMS GUARD ARMORED CAR GUARD BEA CONSTABLE

INSTRUCTOR'S NAME _____

HANDGUN SHOTGUN/LONGGUN (*Must already have handgun certification*)

INITIAL CERTIFICATION *Must complete a minimum 40 hour course. Complete entire form.*

DATES COURSE STARTED _____ DATE COURSE COMPLETED _____

DATE OF CERTIFICATION _____ SCORE _____ %

LOCATION OF CERTIFICATION _____

RE-CERTIFICATION The shoots must be on 2 different dates and at least 90 days apart.

LOCATION OF RE-CERTIFICATION _____

WEAPON INFORMATION:

MAKE _____

MODEL _____

CALIBER/GAUGE _____

SERIAL # _____

	DATE	SCORE	LOCATION
DAY SHOOT	_____	_____ %	_____
DAY SHOOT	_____	_____ %	_____
LOWLIGHT SHOOT	_____	_____ %	_____

INSTRUCTOR'S COMMENTS:

(Instructor's Signature)

This form needs to be completed in its entirety before a Firearm's ID card will be issued.