DELAWARE STATE POLICE
PROFESSIONAL LICENSING
HANDGUN/SHOTGUN/RIFLE
CERTIFICATION/RE-CERTIFICATION
AND PROFICIENCY FORM

APPLICANT NAME_____
(LAST) (FIRST) (MI)

DATE OF BIRTH_____

*☐ FIREARMS GUARD *☐ ARMORED CAR GUARD *☐ BEA *☐ CONSTABLE

☐ HANDGUN ☐ SHOTGUN/RIFLE (***Must already have handgun certification***)

☐ **INITIAL CERTIFICATION** Must complete the approved 40 hour course.

DATES COURSE STARTED_____COMPLETED_____

☐ **RE-CERTIFICATION**

WEAPON INFORMATION: MAKE _____

MODEL _____

CALIBER/GAUGE _____

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

Must be at least 90 days apart

_____I *(applicant)* have received a copy of the Law and Rules & Regs in regards to my armed
(Initial) status in the above industry(s).*

INSTRUCTOR_____/_____
(Print name) (Signature)

As the instructor, by signing this form, I verify that the applicant has a passing score (noted above) and has demonstrated proficiency with the above noted weapon.