

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

EMAIL TO:

DSP_SBIDETECTIVELICENSINGMAIL@STATE.DE.US



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

ADDRESS: _____

(CITY) / (STATE) / (ZIP)

DATE OF BIRTH _____

*[] FIREARMS GUARD *[] ARMORED CAR GUARD *[] BEA *[] CONSTABLE

[] **INITIAL CERTIFICATION** Must complete the approved 40 hour course.

DATES COURSE STARTED _____ COMPLETED _____

[] **RE-CERTIFICATION**

WEAPON INFORMATION: MAKE _____
MODEL _____
CALIBER _____

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

****Must be at least 90 days apart**

(Initial) I (applicant) have received a copy of the Law and Rules & Regs in regards to my armed 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.