

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

EMAIL TO:

dsp-prolicense@delaware.gov - THIS HAS CHANGED!



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**

_____ 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.

7/21/2023