



Permit to Purchase

600 S. Bay Rd, Suite 1, Dover, DE 19901

Firearms Training Course Certification

Applicant Name _____
(Last) (First) (MI)

Address _____
(Street)

(City) (State) (Zip)

Date of Birth _____

Date Training Course Completed _____

Instructor _____
(Print Name)

(Signature)

As the instructor, by signing this form, I verify that the above-named applicant has successfully completed an approved firearms training course that satisfies the requirements to obtain a handgun qualified purchaser permit under 11 Del C. § 1448D.