CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

Sheriffs' Standards Division

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Criminal Justice Standards Division

Post Office Drawer 149 Raleigh, NC 27602 Telephone: (919) 661-5980 Fax: (919) 779-8210

FIREARMS QUALIFICATION RECORD INSTRUCTIONS

Form F-9A

(rev. 9.8.14)

Date Signed

| This form must be utilized to record the annual In-Service Firearms Training and Qualification for each certified officer in compliance with 12 NCAC 9E .0100 or 12 NCAC 10B .2104. A copy must be maintained in each officer's personnel file at the employing agency, and must be available for inspection by a Commission Staff member. A copy must be attached to the F-5A and submitted to the Criminal Justice Standards Division for all new hires. | | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|
| SECTION I: | Must be completed for every officer | | | | | | |

| SECTI SECTI | | Must be completed for every offithat agency's qualification recorrecords must contain the informat agencies other than his/her own! Must be signed and dated by the | cer and signed and dated by the instructo cer and signed and dated by the instructor ds may be used in lieu of completing Sotion noted on the back of this form and noted Tutilize Section VI of this form. officer. Agency Head or designated representative | or(s). If the in ection VI on the must be attached | he back side of this for | m. At a minimum, the agency | | |
|----------------|---|---|---|--|--|---|--|--|
| I. | OFFICE | ER'S NAME: | | | SSN (Last 4): | | | |
| | | by: NC Criminal Justice Education by: NC Sheriffs' Education and Tra | and Training Standards Commission: ining Standards Commission: | ☐ Yes ☐ Yes | | | | |
| | EMPLO | YING/APPOINTING AGENCY: | | | | | | |
| | As a Specialized Firearms Instructor, I do hereby certify that the officer listed above has completed the mandatory classroom portion of the in-servic firearms training, as specified in 12 NCAC 9E .0105 or 12 NCAC 10B .2103 as applicable. Failure to complete this training requires that the agency head of designated representative be notified. The classroom session was completed on(date). | | | | | | | |
| | Print | Name of Firearms Instructor | Signature of Firearms Instructor | | Instructor # | Date Signed | | |
| | representa | native within 72 hours, either in person | officer has failed to qualify, then I must on or by certified mail. Signature of Firearms Instructor | | Instructor # | Date Signed | | |
| | Print | Name of Firearms Instructor | Signature of Firearms Instructor | | Instructor # | Date Signed | | |
| IV. | ACKNO | OWLEDGEMENT OF QUAL | IFICATION SCORES: | | | | | |
| | I do hereby certify that I have been advised of my firearms qualification scores by the Specialized Firearms Instructor(s) indicated. I also understand that if have failed to qualify with any weapons(s) required, then I may not carry and/or have access to the weapon until such time as I have qualified. I furthe understand that I must notify my agency head or designated representative within 24 hours of my failure to qualify, and/or successfully complete the training portion as prescribed in 12 NCAC .9E .0105 or 12 NCAC 10B .2103 as applicable. | | | | | | | |
| | | | | | | | | |
| | | Signature of Officer | | | | Date Signed | | |
| v. | AGENC | | OF QUALIFICATION SCORES: | | | Date Signed | | |
| V. | As agency officer har relevant c | EY ACKNOWLEDGEMENT y head, or designated representative as satisfactorily completed training case law, and safety and marksman | OF QUALIFICATION SCORES: t, the below signature acknowledges rece on this department's policies regarding ship as required in 12 NCAC 9E .0105 ict access to all applicable weapon(s) unt | ipt of the above the use of for 12 NCAC | orce, N.C. State law reg 10B .2103. I understan | scores and attests that the above garding the use of deadly force, id that if the officer has failed to | | |

Signature of Agency Head/Designated Representative

| OFFICER'S NAME: | | | | | NAME OR RANGE LOCATION: | | | | F-9A (rev. 9.8.14) | |
|--------------------------------|----------------|-----------------------|-------------------------|---------------------|---------------------------|------------|------------------------|---------------------------|---------------------------|---|
| VI. SERVIC | E HANDGUN | OUALIFIC | CATION | | | | | | | **Instructor Listed Must Sign Sec. III (Page 1)** |
| Date | Weapon Type | Make | Model | Caliber or Gauge | Serial # | Ammunition | Day(D) Night(N) | Score (%) or (P)(F) | Qualify Yes/No | Print or Stamp Name & Instructor Number |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| OFF-DUTY | <u> </u> | <u> </u> UALIFICA' | I TION | | | | | | | |
| Date | Weapon Type | Make | Model | Caliber or Gauge | Serial # | Ammunition | Day(D) Night(N) | Score (%) | Qualify Yes/No | Print or Stamp Name & Instructor Number |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| SHOTGUN/I | RIFLE QUAL | IFICATION | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | |
| Date | Weapon Type | Make | Model | Caliber or Gauge | Serial # | Ammunition | Day(D) Night(N) | Score (%) | Qualify Yes/No | Print or Stamp Name & Instructor Number |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| AUTOMATI | IC/SPECIALT | Y WEAPON | S/OTHER | | | 1 | 1 | | | |
| Date | Weapon Type | Make | Model | Caliber or Gauge | Serial # | Ammunition | Day(D) Night(N) | Score (%) | Qualify Yes/No | Print or Stamp Name & Instructor Number |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| | OURSE (Man | | | | | | | | | |
| Date | Day/Night | Pass/l | Fail Com | nents | | | | | | Print or Stamp Name & Instructor Number |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | 2011. 2 | | DELL D 111 | | | | | |
| R-Revolver | Jandaun | | S&W- Smit GLO - Gloc | | BEN-Benelli CLT - Colt | BRO- Bro | owning eckler & Koc | | | st be duty ammunition or ballistic equivalent ammunition. information to fully describe such as caliber, projectile weight and type |
| SA- Semi Auto H SG- Shotgun | ranugun | | BER- Beret | | WIN- Winchester | | | | | information to fully describe such as caliber, projectile weight and type rds handgun night requires use of flashlight at the 5-yd line |
| AW- Automatic | Weapon | | RUG- Ruge | | ARA - Armalite | REM – R | | | | ards accepts pass/fail rather than % scores |
| RF- Rifle | _ | | SIG- Sig Sa | uer | SAV - Savage | BUS – Bu | | | | |
| SW- Specialized Weapon | | SPF -Spring | field | RRV – Rock Rive | er | | | | Page 2 of 2 | |