

ARIZONA DEPARTMENT OF PUBLIC SAFETY

FIREARMS-SAFETY TRAINING RECORD

ORGANIZATION NAME		ORGANIZATION NUMBER				PROGRAM NUMBER			
					1				
INSTRUCTOR NAME (Please Print)		INSTRU	CTOR N	UMBER	SIGNATURE				
					1				
DATE	ame & address, i.e., Ben Avery Shooting Range/Carefree)					I	HOURS		
							<u>-</u>		
☐ Additiona			1			-	al sheets		
STUDENT N	IAME (Please Print)	AGE	P/F/W	STUDEN	T NAME	(Please Print)	AGE	P/F/W	
							\perp		
	·			1		·			

FIREARMS-SAFETY TRAINING RECORD - Continued

Comments