

Stamford Police Department
Crime Scene Unit
805 Bedford Street
Stamford, CT 06901
(203) 977-4408
2020



FIREARMS INSTRUCTOR & CLASS INFORMATION

To be completed by the firearms instructor ~ Print or type

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Instructor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Day) _____ (Night) _____

Certification Number: _____ Expiration Date: _____

Certification Type: NRA: _____ POST: _____ DEP: _____ USCCA: _____ (*check one*)

Course Information:

Student's Name: _____ **DOB:** _____

Type of Course Taken: _____ Length of Course: _____ (hrs)

Total number of rounds fired: _____ Test Score: _____

Name of Shooting Range: _____

Location of Range: _____

Weapon(s) Used: _____

Comments: _____

Signature below attests to the above information is correct and accurate.

Student's Signature: _____ **Date:** _____

Instructor's Signature: _____ **Date:** _____

Photocopies or stamps of instructor's signature will not be accepted

NRA-Inst 02-2020