

## FIREARMS SCORES REPORTING FORM

PLEASE TYPE OR PRINT

Reporting Department _____	Range Location _____
Submitted by: _____	Date of Qualification _____

Student Name - Last, First, Middle	SSN# or DPS Cert.#	Daytime Score	Night time Score	Model	Serial Number

I hereby certify that I possess a **valid and current** NM Department of Public Safety, Firearms Instructor or Range Operator Certificate and the above information is true and correct.

**Firearms Instructor or  
 Ranger Operator Name (print)** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Contact#:** \_\_\_\_\_

**Firearms Instructor or  
 Range Operator Signature** \_\_\_\_\_ **Range Operator or Firearms  
 Instructor Certification No.** \_\_\_\_\_

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DPS Official Use:  **Data Entry Input Processed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_