ARIZONA DEPARTMENT OF PUBLIC SAFETY

FIREARMS-SAFETY TRAINING RECORD

AGENCY NAME	AGENCY LICENSE NUMBER	PROGRAM NUMBER

INSTRUCTOR NAME (Please Print)	INSTRUCTOR NUMBER	INSTRUCTOR SIGNATURE

DATE	LOCATION (business name & address, i.e., Ben Avery Shooting Range/Carefree)	HOURS

☐ Additional Comments on reverse side of report ______ # of additional sheets

STUDENT NAME (Please Print)	AGE	P/F/W	STUDENT NAME (Please Print)	AGE	P/F/W

P = Passed **F =** Failed **W =** Withdrew

FIREARMS-SAFETY TRAINING RECORD – Continued

COMMENTS

P = Passed **F =** Failed **W =** Withdrew