

PRE-SHOOT VERIFICATION

TO: Michael Mullin, Range Master

FROM: _____ (Department Training Coordinator Name)
_____ (Agency Name)

DATE: _____

This is to certify that _____
(Nominee Name & Rank)

has met the requirements of the Maryland Police and Correctional Commissions of firing 90% or better on the approved course.

Firing Date: _____
(This date must be within 60 days of onset of school)

Firearms Instructor

Department Training Coordinator/Chief

Print Name

Print Name

Date

Date