

NOTE: To be completed ONLY for Limited Duty Officers and 3-week Special Basic Officers (formerly certified officers)
****Limited Duty Officers should submit this form at Registration.**

S. C. Department of Public Safety
CRIMINAL JUSTICE ACADEMY DIVISION

VERIFICATION & CERTIFICATION OF THE FIREARMS QUALIFICATION

PLEASE PRINT:

Officer's Name: _____ SSN: _____

Department: _____

Firearms Instructor's Name: _____

On the ____ day of _____, _____, the above-named Officer was taken to the firearms range for qualification purposes. I, the Firearms Instructor, certify the following tasks were completed and the results to be accurate, and I recommend the above-named Officer be QUALIFIED.

- (A) Officer was given basic weapon safety, both on duty and off duty.
- (B) Weapons liability, both on duty and off duty, was explained to the Officer.
- (C) The Officer fired the qualification course required by the S. C. Criminal Justice Academy with the following results:

COURSE OF FIRE: 60 Round, 25 Yard Course _____ Points (300 Max.)
(225 Min.)

Signature of Firearms Instructor: _____

EMERGENCY VEHICLE OPERATION AFFIDAVIT

I do hereby certify that the above-named Officer has been instructed, fully understands and has been given a copy of this department's Emergency Response Driving Policy.

Department's Authorized Signature: _____ **Date:** _____

Please complete and remit to: S. C. Criminal Justice Academy
Certification Unit
5400 Broad River Road,
Columbia SC 29212