



South Carolina Criminal Justice Academy

To be completed for Limited Duty Officers and 3-week Special Basic Officers

VERIFICATION & CERTIFICATION OF THE FIREARMS QUALIFICATION

Officer's Name: _____ SSN: _____

Department: _____

Firearms Instructor's Name: _____

On the _____ day of _____, _____, the aboved-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 aboved-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 South Carolina Criminal Justice Academy with the following results:

REVOLVER COURSE: 50 Round 25 Yard TRC _____ Points (250 Max.)
(188 Min.)

AUTO PISTOL COURSE: 50 Round 25 Yard Auto Course _____ Points (250 Max.)
(188 Min.)

Signature of Firearms Instructor: _____

EMERGENCY VEHICLE OPERATION AFFIDAVIT

I do hereby certify that the aboved-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 mail to:

South Carolina Criminal Justice Academy

Theresa Clark, Certification Unit
5400 Broad River Road
Columbia, SC 29212-3540