Austin Police Retired Officers Association
CERTIFICATE OF FIREARMS PROFICIENCY

Applicant

First Name	M.I.	Last Name	SSN

Weapon Type(s): ___Automatic ___Revolver

Firearms Instructor

First Name	M.I.	Last Name	State _____ Instructor #_____
Law Enforcement Agency/Business Name		Mailing Address	
City	County	Zip Code	Telephone Number
Range Location (if other than the above address)			Date of qualification

I, _____, certify that the above named applicant has met the minimum
Firearms/CHL Instructor
firearms proficiency requirements on a police qualifying course as established in the State of _____ for active police officers:

_____ _____
Signature of Firearms/CHL Instructor Date

Affidavit

I, _____, do swear or affirm that I meet the requirements established in the Texas
Applicant
Occupations Code §1701.357 Weapons Proficiency for Certain Retired Peace Officers and Federal Criminal Investigators and Chapter 44, Title 18, United States Code, Section 926C(c) Qualified Retired Law Enforcement Officers. I am honorably retired (benefits eligible) after not less than a total of 15 years of service as a commissioned peace officer with one or more state or local law enforcement agencies or federal criminal investigator as designated by the Texas Code of Criminal Procedure Article 2.122~~.~~, or a qualified retired law enforcement officer under Chapter 44, Title 18, United States Code, Section 926C.

My license or authority as a commissioned officer was never revoked or suspended for any period during my term of service as a commissioned officer. I was not retired for reasons of mental instability and have no psychological or physical disability that would interfere with the proper handling of a handgun.

_____ _____
Signature of Applicant Date

Sworn to and ascribed before me the undersigned official on this _____day of _____, _____.

_____
Notary Public