

**Austin Police Retired Officer's Association
CERTIFICATE OF FIREARMS PROFICIENCY**

Applicant

First Name	M.I.	Last Name	TCLEOSE PID or SSN
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Weapon Type(s): ___semi-automatic ___Revolver
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Firearms Instructor

First Name	M.I.	Last Name	<input type="checkbox"/> TCLEOSE Firearms Instructor
			<input type="checkbox"/> CHL 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 as established in TCOLE Commission Rule §218.9 (c) (1) under the following conditions:

- (1) B-27 or similar silhouette target;
- (2) Combat scoring;
- (3) A minimum of 50 rounds,
- (4) Fired at ranges from point blank to at least 15 yards with a least 20 rounds at or beyond seven yards;
- (5) Including at least one timed reload; and
- (6) Minimum passing percentage of 70 (175 out of a possible 250 for 50 rounds).

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. I have met the minimum qualifications for a handgun as established in TCOLE Commission Rule §217.21(c)(1).

Signature of Applicant

Date

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

Notary Public