



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Special Licensing & Firearms Unit



CERTIFICATE OF COMPLETION

I certify that I instructed the below-named student on the state law requirements pertaining to: (1) safe storage in the home and in vehicles; (2) lawful use of firearms; and (3) lawful carrying of firearms in public, in conformance with Public Act 23-53.

 Instructor Name (Printed)

 Date of Instruction

 Instructor Signature

 NRA Instructor ID#
 (if applicable)

I certify that the above-named individual instructed me on the state law requirements pertaining to: (1) safe storage in the home and in vehicles; (2) lawful use of firearms; and (3) lawful carrying of firearms in public, in conformance with Public Act 23-53.

 Student Name (Printed)

 Date of Instruction

 Student Signature

General: (860) 685-8290 Special Licensing: (860) 685-8160 Fax: (860) 685-8496
1111 Country Club Road
Middletown, CT 06457

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