



**STATE OF CONNECTICUT
POLICE OFFICER STANDARDS AND TRAINING COUNCIL
FIREARMS REVIEW TRAINING CREDIT REPORT**



FOR USE BY POSTC CERTIFIED FIREARMS INSTRUCTORS

OFFICER: _____ DEPARTMENT: _____ POST ID# _____
 (Last) (First) (MI)

Firearms Qualification per GN 03-3 "Each 3 hour class will consist of one-hour classroom time and two hours of range for a total of 9 hours in the three-year period."

Minimum passing firearms qualification score= 80% (240/300) of a minimum 60 round POSTC approved course

Area	Topic	Course hrs	Course credit	Date	** Instructor Signature
301	Firearms (Range)				
301A	Shooting Decisions (Classroom)				
209	Use-of-Force (Classroom)				
301B	Patrol Rifle				

Handgun Qualification Score _____ Remedial Training Required: Yes No

Witness Signature: _____ (Only required if officer receiving training is a Firearms Instructor)

****I am a currently certified POSTC instructor in each of the instructional areas taught above**

INSTRUCTOR NAME (PRINT)	INSTRUCTOR ID#	EXPIRATION DATE

This form must be maintained for each officer by the police department's training officer. It is documentation of review training credit hours received. For audit purposes, a copy of this form must be provided when requested to the Police Officer Standards and Training Council.

This form must be signed by both the officer receiving training and the Departments training officer

I have read and signed this form and attest that the information provided herein is true and accurate to the best of my knowledge. I understand that intentionally making a false written statement that I do not believe to be true with the intent to mislead a public servant in the performance of their official functions on a form bearing this notice is punishable by law. False Statement in the 2nd degree, under Connecticut General Statute § 53a-157b, is a class A Misdemeanor.

 Training Officer's Signature Date

 Officer Receiving Training Signature Date