



CERTIFICATE OF SUCCESSFUL COMPLETION OF GUARD TRAINING

[Statutory Authority: T.C.A. §62-35-118, Administrative Rule 0780-05-02-.15]

TYPE OF REGISTRATION: Check Appropriate Box(es)

- INITIAL UNARMED
 INITIAL ARMED
 ARMED RENEWAL
 ADD / CHANGE WEAPON

 Applicant's Last Name First Name Middle Initial Social Security Number Registration #

- | | | | | |
|--|-------------------------------------|-----------------|-------|-------|
| <input type="checkbox"/> Four (4) Hours General Guard Training | _____ | _____ | _____ | _____ |
| | Instructor Signature | Certification # | Date | Score |
| <input type="checkbox"/> Eight (8) Hours Classroom Firearms Training | _____ | _____ | _____ | _____ |
| | Instructor Signature (if different) | Certification # | Date | Score |
| <input type="checkbox"/> Four (4) Hours Marksmanship Training | _____ | _____ | _____ | _____ |
| | Instructor Signature (if different) | Certification # | Date | Score |
| <input type="checkbox"/> Renewal – Classroom | _____ | _____ | _____ | _____ |
| | Instructor Signature | Certification # | Date | Score |
| <input type="checkbox"/> Renewal – Firing Range | _____ | _____ | _____ | _____ |
| | Instructor Signature (if different) | Certification # | Date | Score |
| <input type="checkbox"/> Add / Change Weapon | _____ | _____ | _____ | _____ |
| | Instructor Signature (if different) | Certification # | Date | Score |

_____	_____	_____	_____	_____	_____	_____	_____
Weapon Make	Model	Caliber	Score	Weapon Make	Model	Caliber	Score

_____	_____	_____	_____	_____	_____	_____	_____
Weapon Make	Model	Caliber	Score	Weapon Make	Model	Caliber	Score

Assistant Trainer? Print: _____ Signature: _____

_____	_____	_____	_____	_____
PRINT Trainer's Last Name	First Name	Middle Initial	Certification #	Expiration Date

_____	_____
Trainer's E-Mail Address	Trainer's Telephone Number

_____	_____	_____	_____	_____
Facility Name (Classroom and/or Range)	Street	City	State	Zip

_____	_____	_____	_____	_____
PRINT Trainer's Last Name	First Name	Middle Initial	Certification #	Expiration Date

_____	_____
Trainer's E-Mail Address	Trainer's Telephone Number

_____	_____	_____	_____	_____
Facility Name (Classroom and/or Range)	Street	City	State	Zip

Comments: _____
