

FIREARMS QUALIFICATIONS FORM

NAME OF CORONER/DEPUTY:

AGENCY:

MAKE OF WEAPON:

Department Issued / Personal Weapon

WEAPON MODEL:

WEAPON CALIBER:

WEAPON SERIAL#:

WEAPON AND SUPPORT EQUIPMENT CHECKED FOR SERVICE ABILITY

Instructor's Initials

_____ Coroner/Deputy Initials

On _____, the above Coroner/Deputy was given instructions on weapons safety, safe storage, weapons liability, and demonstrated the required proficiency.

PASSED

FAILED

Reason for Failure:

I certify that the above to be accurate and correct to the best of my knowledge and recommend that the above Coroner/Deputy should be:

QUALIFIED

NOT QUALIFIED

Training Coordinator: _____

Date:

Firearms Instructor: _____

Date:

Agency: South Carolina Coroner's Association

AFIC Date:

Training Hours: 8

CORONER AUTHORIZATION:

I, _____ after successfully qualifying with my Personal and/or Departmental Issued weapon, and having reviewed the Departments Firearm Policy, I am requesting approval to carry it as a duty weapon.

Coroner Approval

Date

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I, _____ after successfully qualifying with my Personal and/or Departmental Issued weapon, and having reviewed the Departments Firearm Policy, I am requesting approval to carry it as a duty weapon.

Coroner Approval

Date