

This is to certify that I am

a National Rifle Association (NRA) or
 a Municipal Police Officers' Education and Training Commission (MPOETC)
qualified firearms instructor. My signature below indicates that I have read and reviewed
the PSTC Firearms Safety Range Plan – 2007 and CD and agree to abide by and obey
all published rules and regulations as stated herein.

Signature

Date

Printed Name

Printed Title

Printed Agency Name

***Please duplicate this form as necessary
for each of your firearms instructors to sign.***