

Oregon Private Security Firearm Qualification Card

To be carried with an armed private security professional certification issued by
the Oregon Department of Public Safety Standards and Training

Carrier Name:		DPSST #:	
Firearm type(s):	<input type="checkbox"/> Handgun	<input type="checkbox"/> Long gun	Qualification Date:
Make	Model	Caliber	
By signing below, I attest the above-named carrier passed a qualification course of fire with the listed make, model, and caliber of firearm(s).			
Firearms Instructor Signature:			
Instructor's Printed Name & PSID #:			
Firearms Instructor Company & Phone:			

All qualifications on this card expire one year from the qualification date.

Distribute copies to carrier, instructor records, and private security entity records.