Austin Police Retired Officers Association CERTIFICATE OF FIREARMS PROFICIENCY

Applicant

First Name M.I. Last Name SSN Weapon Type(s): ___Automatic Revolver **Firearms Instructor** First Name M.I. Last Name State ___ Instructor # Law Enforcement Agency/Business Name Mailing Address City County Zip Code Telephone Number Range Location (if other than the above address) Date of qualification _____, certify that the above named applicant has met the minimum Firearms/CHL Instructor firearms proficiency requirements on a police qualifying course as established in the State of ______ for active police officers: Signature of Firearms/CHL Instructor Date **Affidavit** do swear or affirm that I meet the requirements established in the Texas Occupations Applicant Code §1701.357 Weapons Proficiency for Certain Retired Peace Officers and Federal Criminal Investigators and Chapter 44, Title 18, United States Code, Section 926C(c) Qualified Retired Law Enforcement Officers. I am honorably retired (benefits eligible) after not less than a total of 10 years of service as a commissioned peace officer with one or more state or local law enforcement agencies or federal criminal investigator as designated by the Texas Code of Criminal Procedure Article 2.122., or a qualified retired law enforcement officer under Chapter 44, Title 18, United States Code, Section 926C. My license or authority as a commissioned officer was never revoked or suspended for any period during my term of service as a commissioned officer. I was not retired for reasons of mental instability and have no psychological or physical disability that would interfere with the proper handling of a handgun. I have met the minimum qualifications for a handgun as established in TCOLE Commission Rule §217.21(c)(1). Signature of Applicant Date Sworn to and ascribed before me the undersigned official on this _____day of _____, **Notary Public**