

TRAINING AFFIDAVIT

Instructor: _____ Total Amount of Fee Paid: _____

Date(s) and Location of Classroom Training: _____

Date(s) and Location of Live Range Firing: _____

Classroom Training Content (subjects covered) [*You may attach a copy of the course outline or syllabus*]:

Total amount of time (hours/minutes) spent in classroom training: _____

Score on exam regarding classroom training (pass or fail): _____

Live Range Training Content (subjects covered/activities performed) [*You may attach a copy of the course outline or syllabus*]:

Number of rounds fired at target at live range training: _____

Number of rounds that struck the target at live range training: _____

I certify and affirm that I understand that foregoing answers are true and correct and are completed under oath.

NAME (*print*)

ADDRESS

ADDRESS

SIGNATURE

DATE

COMMONWEALTH OF KENTUCKY }

COUNTY OF _____ }

The foregoing was sworn to and acknowledged by _____ to be his/her true
act and deed this the _____ day of _____, 2002.

Notary Public

My commission
expires: _____