



CERTIFICATE OF SUCCESSFUL COMPLETION OF GUARD TRAINING

[Statutory Authority: T.C.A. § 62-35-118, Administrative Rule 0780-05-02-.15]

TYPE OF REGISTRATION: CHECK ALL APPROPRIATE BOXES

UNARMED INITIAL ARMED INITIAL UNARMED RENEWAL ARMED RENEWAL ADD / CHANGE WEAPON ADD CLASSIFICATION

Last Name First Name Middle Initial Social Security Number Registration #

Initial - Four (4) Hours General Guard Training _____ _____
Date Score

Initial - Eight (8) Hours Classroom Firearms Training _____ _____
Date Score

Initial - Four (4) Hours Marksmanship Training

1. Weapon Make Model Caliber Date Score

RENEWALS:

Renewal - Classroom UG _____ AG _____ _____
Date Date Score

Renewal - Firing Range

1. Weapon Make Model Caliber Date Score

ADDITIONAL WEAPON INFORMATION:

Add / Change Weapon

2. Weapon Make Model Caliber Date Score

3. Weapon Make Model Caliber Date Score

4. Weapon Make Model Caliber Date Score

ADDITIONAL CLASSIFICATIONS:

CPR _____ FIRST AID _____
Date Date

DE-ESCALATION _____ SAFE RESTRAINT _____
Date Date

TRAINER INFORMATION:

1. PRINT TRAINER'S NAME SIGNATURE CERTIFICATION # E-MAIL TELEPHONE

2. PRINT TRAINER'S NAME SIGNATURE CERTIFICATION # E-MAIL TELEPHONE

ASSISTANT TRAINER (PRINT NAME) SIGNATURE

Comments: