Print Form

Georgia Peace Officer Standards & Training Council

Application for Annual Firearms Qualification Certificate
For Retired Officers

Enclosures

Check here to ensure required enclosures are provided.

☐ Agency credentials

☐ Photo ID (required if agency credentials do not have a photo ID)

Personal Data & Attestation - Section I

Last Name		
First Name		
Middle Name		
Suffix Name (Jr., Sr., II, III, etc.)		Date of Birth
P.O.S.T. Certification or Registration #:		Social Security #
Race		Gender/Sex:
Street		Apt #
City		State
Zip Code	E-mail Address	PHONE# (AREA CODE) – NUMBER

Agency Retired From:

Attestation of Retired Officer: I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge.

Retired Officer Signature _____ Date _____

P.O.S.T. Certified Firearms Instructor Verification - Section II

Firearms Range Where Qualified	Qualification Date

Firearms Instructor Last Name

Firearms Instructor First Name

Firearms Instructor Middle Initial

This retired officer qualified with the following weapon type(s) for this application:

☐ Revolver ☐ Semi-auto

Attestation of Firearms Instructor: I attest and affirm that the retired peace officer is from a federal, state, or local law enforcement agency and has successfully completed the required firearms qualification and training on the "Use of Deadly Force" as required by P.O.S.T. Rule 464-5-.03.1

P.O.S.T. Certified Firearms Instructor Signature _____ Date _____

***NOTE**: P.O.S.T. Certified Firearms Instructors receive their P.O.S.T. Firearms Instructor certification ONLY after completing the required training **and** completing a P.O.S.T. Firearms Instructor Certification Application.*

Supplying false information or acquiescing in false information being supplied on this application is a violation of the Criminal Code of Georgia (Ga. L. 198. pp. 1249, 1320) and, upon conviction is punishable by a fine of not more than $1000 or imprisonment for less than one (1) year nor more than five (5) years, or both.