



**WILTON SIMPSON**  
**COMMISSIONER**

Florida Department of Agriculture and Consumer Services  
Division of Licensing

**CERTIFICATE OF FIREARMS PROFICIENCY  
FOR STATEWIDE FIREARM LICENSE**

Chapter 493, Florida Statutes  
Rule 5N-1.132, Florida Administrative Code  
Post Office Box 5767 ♦ Tallahassee, FL 32314-5767 ♦ (850) 245-5691  
mylicensesite.com

Student Name	Student Date of Birth
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Type of Training:	28 Hours	Re-qualification (4-hours)	Additional Firearm (4-hours)
Number of hours of class room training:		Class "G" license number:	
Number of hours of range training:			

Range Score	Written Exam Score	Type (Revolver, Rifle, Semi-Automatic, Shotgun)	Firearm Caliber
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Name of Range	Range Street Address and City
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Date Training Completed
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IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE COMMENTS SECTION BELOW.

Comments
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**INSTRUCTOR'S CERTIFICATION**

Select ONE:

I certify, for the reasons stated above, the above named student has not satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Training Manual Student Handbook and Study Guide, FDACS P-02079, rev. 01/23, incorporated in Rule 5N-1.132, F.A.C.; that all information contained herein is true and correct; and to the best of my knowledge, the above named student is not qualified to carry a firearm in connection with his or her duties.

I certify the above named student has satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Training Manual Student Handbook and Study Guide, FDACS P-02079, rev. 01/23, incorporated in Rule 5N-1.132, F.A.C.; that all information contained herein is true and correct; and to the best of my knowledge, the above named student is qualified to carry a firearm in connection with his or her duties.

Instructor Name	Instructor License Number
Date Affirmed	Phone Number

Certificate ACN