



### Gun Control and Firearms Registration

300 Indiana Ave. N.W. Room 2169, Washington D.C., 20001 (202) 727-4275 FAX (202) 724-2410

#### Firearms Safety Course Compliance

Instructions for Applicant:

1. Please type or print legibly in black ink the top portion of this form.
2. Take this form with you on the day or days of your training.
3. Return the completed form to the Firearms Registration Section.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

To be Completed by MPDC Certified Range Instructor

**Gun Safety Course**

**Date Completed**

Four (4) Hours of Gun Safety Instruction: \_\_\_\_\_

One (1) Firearms Range Training: \_\_\_\_\_

Range Name and Location: \_\_\_\_\_

I hereby affirm that the above identified individual has successfully completed the Firearms Safety Course requirements as prescribed by the Metropolitan Police Department of the District of Columbia in compliance with the Firearms Safety Act of 1975 D.C. Code Title 7-2502.03(13)(A) and that the above information is true and correct to the best of my knowledge, information and belief. I understand that making a false statement is punishable by criminal penalties under D.C. Code Title 22-2405.

MPDC Certified Instructor's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MPDC Certified Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_