

RENSELAER COUNTY POST-LICENSE FIREARMS SAFETY PROGRAM CERTIFICATE OF COMPLETION

(Please print)

Name _____

Address _____

City, State & Zip _____

Phone Number (____) _____

Course taken at _____

Date _____

NYS Pistol License # _____

License produced and inspected ____ Yes ____ No

Photocopy of license supplied ____ Yes ____ No

Firearm used _____ Serial number _____

Copies of Penal Law sections 35.15 and 35.20 brought to program ____ Yes ____ No

I certify that I am the student identified herein and that I hold a valid NYS Firearms license referenced above. I further certify that I have brought a copy of NYS Penal Law sections 35.15 and 35.20 provided to me through the application and have fully participated in each portion of this course.

Signature _____ Date _____

Instructor Observations

Instructor signatures: I/we certify that the above named student has completed the Rensselaer County Firearms Safety program noted herein. (3) Signatures required.

Date _____