

Commonwealth of Virginia DEPARTMENT OF STATE POLICE

RETIRED PERSONNEL FIREARMS TRAINING REPORT

Training Date: ___ / ___ / ___

Name: _____ Code #: _____

Address: _____ Phone: _____

Pistol: Serial Number: _____

Pistol .357 cal Sig. Mod P-229
Score of Record: _____

Pistol: Serial Number: _____

Pistol 9mm Sig. Mod P-228
Score of Record: _____

Pistol: Serial Number: _____

Pistol 10 mm S&W Model 1026
Score of Record: _____

Revolver .38 cal S&W Model 64
Score of Record: _____
Serial Number: _____

Other Weapon: Pistol Revolver
Score of Record: _____
Make: _____
Model: _____
Serial Number: _____

Firearms Instructor: _____ Code #: _____
(VSP Only)

Annual Qualification Sticker Issued (VSP only)

Printed name, address, and telephone number of Firearms Instructor (if qualification by other than VSP Instructor):

Mail Completed Form to:
Virginia State Police
Firearms Transaction Center
PO Box 85608
Richmond, VA 23285-5608