

DEC 11 2006

**FIREARMS QUALIFICATION CHECKLIST**

Name and date check was completed

Medical Record Check	_____
Service Record Check	_____
Base Security Check	_____

I certify that \_\_\_\_\_ is of high moral character, maturity, and can be entrusted with the responsibility of small arms training, qualification and proper employment IAW all pertinent directives.

_____	Printed and Signed Name	_____
Division Chief		Date

_____	Printed and Signed Name	_____
Department Head/Division Officer		Date

I certify that \_\_\_\_\_ meets all requirements under Title 18 of United States Code, DOD, SECNAV, OPNAV, NAVSEA, NAVSUP, and CFLSW instructions to utilize/carry government issued firearms.

_____	Printed and Signed Name	_____
CO/Designated Representative		Date