RETIRED LAW ENFORCEMENT OFFICER FIREARM QUALIFICATION

BASIC COVERT CARRY/OFF-DUTY PROFICIENCY COURSE

INSTRUCTIONS:

Unless otherwise directed the officer will begin each position of fire with handgun holstered and any retention devices properly secured.

Scoring of the course is based on the BLEA Tactical or similar type target. Any miss off the silhouette will result in a ten-point penalty for each. Hits on the silhouette but outside the scored area of the target and DNF's (Did Not Fire) will result in zero points, but will not be penalized. Two hits are required in the Target Head, more or less than two hits will result in zero points for each additional round or missed round. ***(Revised 04 /30/10)***

OFFICERS NAME: (LAST), (FIRST) (MI)	AGENCY ID NUMBER	SESSION #:
HANDGUN MAKE, MODEL, SERIAL AND CALIBER		
TYPE OR MANNER OF CARRY		

SEQUENCE	DISTANCE	DESCRIPTION	SHOTS	TIME
1	3 Yards	Draw and fire 4rds. (2 Body, 2 Head). Un-timed reload.	4	7 seconds
2	5 Yards	Draw and fire 3rds using strong-hand only. Un-timed reload.	3	5 seconds
3	5 Yards	From a Ready position, fire 3rds using support-hand only. Un-timed reload.	3	7 seconds
4	7 Yards	From a Ready position, fire 5rds. Un-timed reload.	5	9 seconds
5	10 Yards	From a Ready position, fire 5rds. Un-timed reload.	5	12 seconds
6	15 Yards	From a Ready position, fire 5rds. Un-timed reload.	5	12 seconds
		Total shots	25	

INITIAL SCORE *(BLEA MINIMUM; 175 PTS = 70%)*	
FINAL TEST SCORE PERCENTAGE	

THE RETIRED LAW ENFORCEMENT OFFICER BEARING THIS CERTIFICATE HAS BEEN QUALIFIED OR OTHERWISE FOUND TO MEET THE STANDARDS ESTABLISHED BY THE CRIMINAL JUSTICE TRAINING COMMISSION FOR FIREARMS QUALIFICATION FOR THE BASIC LAW ENFORCEMENT TRAINING ACADEMY IN THE STATE OF WASHINGTON. THIS QUALIFICATION CERTIFICATE IS ISSUED PURSUANT TO THE FEDERAL LAW ENFORCEMENT OFFICER SAFETY ACT (LEOSA - 18USC926C) AND RCW 36.28A.090 (AS AMENDED BY CHAPTER 264, LAWS OF 2010). THIS CERTIFICATE IS VALID FOR ONE YEAR FROM THE DATE OF THE QUALIFICATION TEST ATTESTED TO BELOW.

_____
Name of certifying officer, (Print Name).

_____
Signature of certifying officer.

_____
Agency and position of certifying officer.

_____
Date and location of test.