Name of Student	Student Date of Birth/
Date(s) of Course Location	of Course (City, State)
Missouri Firearms Safety Instructor Qualification Form	
I affirm that I am a qualified firearms safety instruction [write "Yes" in the appropriate box or boxes] I am certified by the National Rifle Assn. as a firearm safety instructor and hold a rating as a personal protection instructor or pistol marksmanship instructor; or I have submitted a photocopy of a notarized certificate from a firearms safety instructor's course offered by a local, state, or federal governmental agency; or I have submitted a photocopy of a notarized certificate from a firearms	I have successfully completed a firearms safety instructor course given by or under the supervision of a state, county, municipal, or federal law enforcement agency; or
Certificate of Firearms Safety Training Course I affirm that the applicant (named above) has taken and passed a firearms safety course of at least eight hours in length taught by me, a qualified firearms safety instructor that included:	
(1) Handgun safety in the classroom, at home, on the firing range and while carrying the firearm; (2) A physical demonstration performed by the applicant that demonstrated his or her ability to safely load and unload either a revolver or a semiautomatic pistol and demonstrated his or her marksmanship with either firearm; 3) The basic principles of marksmanship; (4) Care and cleaning of concealable firearms; (5) Safe storage of firearms at home; (6) The requirements of this state for obtaining a concealed carry permit from the sheriff of the individual's county of residence;	(7) The laws relating to firearms as prescribed in this chapter (RSMO 571);(8) Laws relating to the justifiable use of force as prescribed in chapter 563 RSMo.
I understand that if I knowingly provide any law enforcement officer with any false information concerning an applicant's performance on any portion of the required training and qualification, I shall be guilty of a class C misdemeanor. By affixing my name hereto I affirm the declaration contained herein. I agree, incompliance with RSMo 571.111, to make the applicant's course records available upon request to the sheriff of the county in which the applicant resides and to maintain all course records on students for a period of no less than four years from course completion date.	
(Printed Full Name of Instructor)	(Signature of Instructor) (Date Signed)
(Name of Company or Business Providing Instruction)	(Phone Number, Day) (Phone Number, Night)