



VCJTC Qualification Report

Shotgun, Rifle, & Less Lethal

Date of Qualification: _____

| Shooter Name | Shooter Agency | Shotgun | | | Patrol Rifle | | Less Lethal | |
|--------------|----------------|--|--|--|---|---|---|---|
| | | In the column for slug/buck, if qualified, mark with "Yes". If not qualified, mark with "N/A". | In the column for slug/buck, if qualified, mark with "Yes". If not qualified, mark with "N/A". | In the column for slug/buck, if qualified, mark with "Yes". If not qualified, mark with "N/A". | If qualified, mark with "Yes". If not qualified, mark with "N/A". | If qualified, mark with "Yes". If not qualified, mark with "N/A". | If qualified, mark with "Yes". If not qualified, mark with "N/A". | If qualified, mark with "Yes". If not qualified, mark with "N/A". |
| | | Instructor name attesting to qualification | Slug | Buck | Instructor name attesting to qualification | Qual | Type | Qual |
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I, being the rangemaster for the date listed above, hereby certify that the above named individuals have successfully completed the VCJTC approved annual qualification course to be used for shotguns, rifles, and/or less lethal on the date noted above. I further certify that these qualifications were completed under the guidance of a VCJTC certified instructor that is in good standing with the VCJTC to qualify officers the category listed above.

Rangemaster Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____ in the city of _____, county of _____, State of Vermont.

Notary Public

Commission Expires