



**MORRIS COUNTY
PUBLIC SAFETY TRAINING ACADEMY
FIREARMS VERIFICATION FORM**

This form must be completed by Basic Police, Corrections Recruits and attendees of a Firearms Instructor's Course.

NAME _____ RANK _____

DEPARTMENT _____ COUNTY _____

DEPARTMENTAL ISSUED WEAPON:

MAKE _____ MODEL _____ SERIAL # _____

DEPARTMENTAL ISSUED SHOTGUN:

MAKE _____ MODEL _____ SERIAL # _____

DEPARTMENTAL ISSUED AMMUNITION:

Handgun: MAKE _____ TYPE _____ CALIBER _____

Shotgun: MAKE _____ TYPE _____ GAUGE _____

DEPARTMENTAL ISSUED LEATHER: _____

[Example: Safariland, Model 000]

Signature of Chief, Sheriff or
Authorized Designee

(BELOW TO BE COMPLETED BY ACADEMY FIREARMS STAFF ONLY)

INSTRUCTOR INSPECTING WEAPON: _____

DATE: _____ PASS _____ FAIL _____ SIGNATURE: _____

INSTRUCTOR TEST FIRING WEAPON: _____

DATE: _____ PASS _____ FAIL _____ SIGNATURE: _____

Describe any problem with weapon: _____
