



Division of Criminal Investigation

LEOSA Qualification Test

Date: _____

Last Name: _____

First Name: _____

M.I. _____

I certify that I am;

- a) Not under the influence of alcohol or other intoxicating or hallucinatory drugs substances and;
- b) Not prohibited by federal law from receiving a firearm.

Signature of Applicant _____

Weapon Type #1: Semiautomatic Pistol

PASS / FAIL by Range Officer: _____

Weapon Type #2: Revolver

PASS / FAIL by Range Officer: _____

NOTES