



Florida Department of Agriculture and Consumer Services
Division of Licensing

CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE

ADAM H. PUTNAM
COMMISSIONER

Chapter 493, Florida Statutes
Post Office Box 9100 ♦ Tallahassee, FL 32315-9100 ♦ (850) 245-5691
www.mylicensite.com

To be completed by Class "K" Firearm's Instructor. This form must be completed in its entirety. Type or use black ink.

Student Name OMAR NATEEN		Student SSN *		
Employing Agency GYS SECURE SOLUTIONS		Agency License #		
Range Score 236	Exam Score 100	Firearm Model/Caliber S&W 5906 9mm	Type (Revolver, <u>Pistol</u> , Shotgun)	Other Specialized Training
Name of Range ST. LUCIE SHOOTING CENTER		Location of Range 490 NW CONCORSE PL, B1/H 34986		
Date Training Completed 7-20-13	Hours 4	Student Signature <i>[Signature]</i>		

IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE COMMENTS SECTION BELOW.

Comments:

I certify that the above named student has satisfactorily completed the prescribed training as set forth in the Department of Agriculture and Consumer Services Firearms Instructor's Manual, that all information contained herein is true and correct, and to the best of my knowledge the above named student is qualified to carry a firearm in connection with his or her duties.

Instructor Name (type or print) MICHAEL G. KEYES	Instructor License Number K2600091
Instructor Signature <i>[Signature]</i>	Date 7-20-13

*** USE OF SOCIAL SECURITY NUMBERS:**
Sections 493.6105, 493.6304, and 493.6406, Florida Statutes (F. S.), in conjunction with section 119.071(5) (a) 2, F. S., mandates that the Department of Agriculture and Consumer Services, Division of Licensing, obtain social security numbers from applicants. Applicant social security numbers are maintained and used by the Division of Licensing for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Agriculture and Consumer Services, Division of Licensing, will not disclose an applicant's social security number without consent of the applicant to anyone outside of the Department of Agriculture and Consumer Services, Division of Licensing, or as required by law. [See Chapter 119, F. S., 15 U.S.C. ss. 1681 et seq., 15 U.S.C. ss. 6801 et seq., 18 U.S.C. ss. 2721 et seq., Pub. L. No. 107-56 (USA Patriot Act of 2001), and Presidential Executive Order 13224.]

ORIGINAL Copy: Mail to DIVISION OF LICENSING P. O. BOX 9100 TALLAHASSEE, FL 32315-9100	YELLOW Copy: Instructor copy. Must be retained by instructor for a period of two years from date training completed whether or not the student passed the course.	PINK Copy: Student copy. Given to student upon completion of course whether or not the student passed the course.
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