



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Licensing  
**CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE**

Chapter 493, Florida Statutes

Post Office Box 9100 • Tallahassee, FL 32315-9100 • (850) 245-5691

Internet Address: <http://mylicensesite.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 <b>Mateen Omar</b>			Student's S.S.# [Redacted]		
Employing Agency			Agency License #		
Range Score <b>225</b>	Exam Score <b>100</b>	Firearm/Model Caliber <b>7mm S&amp;W</b>	Type (Revolver, Pistol, Shotgun) <b>Semi Auto</b>	Other Specialized Training <b>N/A</b>	
Name of Range <b>Gator Guns &amp; Archery</b>			Location of Range <b>2154 Zip Code Place West Palm Beach FL</b>		
Date Training Completed <b>11/16/11</b>	Hours <b>4</b>	Student's Signature 			
NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE "COMMENTS" SECTION.					
Comments: <b>N/A</b>					
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 Training 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's Name (print or type) <b>John Murrell</b>			Instructor's License # <b>K1000015</b>		
Instructor's Signature 			Date <b>11/16/11</b>		
<b>USE OF SOCIAL SECURITY NUMBERS</b>					
The submission of the student's social security number is voluntary and is requested pursuant to sections 119.071(5)(a)2, 493.6105(3)(d), 493.6304(2)(a) and 493.6406(2)(a), Florida Statutes, for identification purposes, to prevent misidentification, and to facilitate the approval process					
Mail Original to: Florida Department of Agriculture and Consumer Services Division of Licensing Post Office Box 6687 Tallahassee, FL 32314-6687					
Yellow Copy: Instructor's 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's copy. Given to student upon completion of course whether or not the student passed the course		