



CHARLES H. BRONSON  
COMMISSIONER

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
DIVISION OF LICENSING**

Post Office Box 6687 • Tallahassee, FL 32314-6687 • (850) 245-5499  
Internet Address: <http://licweb.doacs.state.fl.us>  
Chapter 493, Florida Statutes

**CERTIFICATE OF FIREARMS PROFICIENCY FOR STATEWIDE FIREARM LICENSE**

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>OMAR MATREEN</b>		Student's S.S. #	
Employing Agency		Agency License #	
Range Score <b>231/235</b>	Exam Score <b>100/90/90</b>	Firearm/Model Caliber <b>Stet 686 357</b>	Type (Revolver, Pistol, Shotgun) <b>Revolver</b>
Other Specialized Training <b>VERBAL</b>		Date Training Completed <b>9/7/07</b>	Hours <b>28</b>
Student's Signature <i>[Signature]</i>		NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE "COMMENTS" SECTION.	
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 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>H. MARTIN HAEN</b>		Instructor's License # <b>92-00004</b>	
Instructor's Signature <i>[Signature]</i>		Date <b>9/7/07</b>	
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.	