

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 6687 • Tallahassee, FL 32314-6687 • (850) 245-5691 Internet Address: http://mylicensesite.com

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Student Name OMAR MATEEN		Student's S.S. f	
Employing Agency WACKENHUT		Agency License #	•
Range Score Exam Score Firearm/Model Caliber		Pistol, Shotgun)	Other Specialized Training
Date Training Completed Hours 4 Student's S	Signature C	- M	76
NOTE: IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE RE	ASON MUST BE ST	TATED IN THE "COMMENTS" S	ECTION
Comments:	310011 WOO! DE O	THE COMMENTS O	
Comments.			
i cortily that the above named student has satisfactorily completed the prescribed tre Manual, that all information contained herein is true and correct, and to the best of m Instructor's Name (print or type)		ve named student is qualified to ca Instructor's License #	
Instructor's Signature	Date	.09	
USE OF SOCIAL SECURITY NUMBERS The submission of the student's social security number is volumery and is reque Florida Statutes, for identification purposes, to prevent misidentification, and to	ested pursuant to se facilitate the approve	ztions 119.071(5)(a)2, 493.6105	(3)(d), 493.6304(2)(a) and 493.8406(2)(a),
Mail Original to: Florida Department of Agriculture and Consumer Services Division of Licensina			by instructor for a period of two years from root the student passed the course
Post Office Box 6667 Tellahassee, FL 32314-6687	Pink Copy: St		oon completion of course whether or not the
DACE 18005 Dov. 1007			