



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

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Internet Address: <http://licweb.doacs.state.fl.us>

Chapter 493, Florida Statutes

**CHARLES H. BRONSON
COMMISSIONER**

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 OMAR MIR SEDDIQUE MATGEN		Student's S.S. #	
Employing Agency TWC		Agency License #	
Range Score 240/250	Exam Score 100	Firearm/Model Caliber SMITH WESSON .38	Type (Revolver, Pistol, Shotgun) REVOLVER
Date Training Completed 7-13-08		Hours 4	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) WAYNE TYSON		Instructor's License # Kale00040	
Instructor's Signature <i>Wayne Tyson</i>		Date 7-13-08	
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.	