



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
Rule 5N-1.134, Florida Administrative Code
Post Office Box 5767 ♦ Tallahassee, FL 32314-5767 ♦ (850) 245-5691
www.mylicensesite.com

To be completed by Class "K" Firearm's Instructor. This form must be completed in its entirety. Type or use black ink. See Publication FDACS-P-01850, *Firearms Instructor's Training Manual Rev. 01/14*, for detailed instructions.

Student Name OMAR MATEEN	Student Date of Birth (mm/dd/yyyy) 11 / 16 / 86
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Type of Training (select ONE) Initial (28 hours) Annual Requalification (4 hours)
Class "G" license number: **G270469**

Name of Range ST. LOUIS SHOOTING CENTER	Range Street Address and City 499 NW Pensacola Pl Port St. Louis, FL 34986
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Range Score 223	Written Exam Score 90	Type (Revolver, Pistol, Shotgun) S&W 64	Firearm Caliber 38
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Date Training Completed 8 / 17 / 14	Student Signature 	Date Signed 8 / 17 / 14
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IF THE STUDENT FAILED TO QUALIFY FOR ANY REASON, THE REASON MUST BE STATED IN THE COMMENTS SECTION BELOW.

Comments
ORIGINAL

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 DIVISION OF LICENSING
 TALLAHASSEE, FLORIDA
 SEP 15 AM 2:19

INSTRUCTOR'S CERTIFICATION

Select ONE:

I certify, for the reasons stated above, the above named student has not 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 not qualified to carry a firearm in connection with his or her duties.

I certify 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 Name (type or print) Michael G. Keyos	Instructor License Number K2600041
Instructor Signature 	Date Signed 8-17-14
	Phone Number (772) 323-8686

ORIGINAL WHITE Copy: Mail to DIVISION OF LICENSING P. O. BOX 5767 TALLAHASSEE, FL 32314-5767	YELLOW Copy: Instructor copy. Must be retained by instructor for two years from date training completed, regardless of whether the student passed the course.	PINK Copy: Student copy. Given to student upon completion of course, regardless of whether the student passed the course.
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