ATTENDEE ROSTER
FIREARMS CERTIFICATIONS
FORM CJT 727
PRIVATE SECURITY GUARDS/PRIVATE DETECTIVES/
BAIL RECOVERY AGENTS
UPDATED 7/5/2007

Keep Completed Roster With Instructor.

Do not mail in to WSCJTC.

PLEASE PRINT IN INK

INSTRUCTIONS:
STUDENT-COMPLETE NAME, BIRTH DATE & SOCIAL SECURITY NUMBER
INSTRUCTOR-COMPLETE TYPE OF GUN, CLASS HOURS AND PASS/FAIL INFORMATION.

ATTENDEE NAME LAST FIRST MI	DOB MO / DAY / YR	SOCIAL SECURITY #	HAND GUN	SHOT GUN	RIFLE	8-HR	4-HR	INSTRUCTOR USE ONLY PASS/FAIL
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

INSTRUCTOR: PLEASE COMPLETE ALL OF THE FOLLOWING.

RANGE/LOCATION _____
DATE OF CLASS _____
INSTRUCTOR (PRINT) _____
INSTRUCTOR (SIGNATURE) _____
INSTRUCTOR PHONE # _____
INSTRUCTOR E-MAIL _____