



Crosshair Training LLC

Ca, Concealed Carry Handgun Training and Qualification Form

I attest that _____ has completed a:

☐ 16-hour initial ☐ 8-hour renewal ☐ Modification to Existing Permit

Crosshair Training LLC, CCW training course includes instruction on firearm safety, the law regarding the permissible use of firearms. The above-named student qualified using the standard BSIS course of fire with each firearm listed below.

Training Dates: _____

I attest that the named student qualified with the specific handgun(s) listed below.

| Semi-Auto / Revolver | Make & Model | Caliber | Serial Number | Instructor Initials |
|----------------------|--------------|---------|---------------|---------------------|
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Instructors are to put a line through any unused areas in the table above to ensure no information can be added later.

- The student completed the required Mental Health training as defined in California Senate Bill 2.
- A firearms safety check was performed by the instructor for each firearm listed above.
- Serial numbers were confirmed by range instructor for each firearm listed above.
- The student passed a written examination, as defined in California Senate Bill 2.

Students Residential Address _____

Phone # _____ **Date of Birth:** ____/____/____ **Driver's License #** _____

Instructor Name: Dennis F Jamarck Jr

Instructor Certification # _____ **Instructor Signature:** _____

Instructor Contact # 707-486-4445

Instructor Email: dennis@crosshairtraining.com

All records and testing materials will be retained by trainer/training facility for 2-Years.