

ALWAYS WATCHING INVESTIGATION AGENCY

12154 Miramar Parkway 202 Miramar, FL 33055
A2600071 DS2800057 B2900161

STATE OF FLORIDA DIVISION OF LICENSING FLORIDA CONCEALED WEAPONS FIREARM LICENSE FIREARM TRAINING RECORD

FIRST NAME: _____
LAST NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
PHONE: _____ CELL: _____
EMAIL: _____
DOB: _____

Have you ever discharge a firearm? Yes No:

I have successfully completed and passed the state of Florida's required Firearm Safety Course. This course is not an NRA course but is recognized and meets the state's requirements for the Concealed Weapon Firearm License. The undersigned has demonstrated competency and the ability to safely discharge a firearm in the presence of the certified firearms instructor Decenzeo Whithead.

I understand and agree that "NO REFUND" will be issued after the training begins.

Signature: _____ Date: _____

Decenzeo Whitehead
Certified Firearms Instructor
NRA Certification Number: 145835676

(305)316-2622
<https://alwayswatchinsecurity.com>