

IOWA FIREARMS SAFETY TRAINING PROGRAM ENROLLMENT PERMIT #

Name _____

Residence _____

Birthdate _____ Class Date _____ Location _____

Nonprofessional Professional Range No Range Fee \$ _____

Note from the Sheriff:

Sheriff's Signature _____ Sheriff of _____ County # _____

IOWA FIREARMS SAFETY TRAINING PROGRAM CERTIFICATE OF COMPLETION

The above named person has successfully completed an approved firearms safety training program.

Written Score _____% Range Score _____% Date of Completion _____

Instructor's Signature _____

Instructor's Address _____ Permit Holder Copy