



The Commonwealth of Massachusetts

BASIC FIREARMS SAFETY CERTIFICATE

The following named individual has successfully completed a Basic Firearms Safety Course as prescribed by G.L. c.140, § 131P and 515 CMR 3.05.

(Name)

(Date of Birth)

(Certified Course Title)

(Course Certification Number)

(Instructor's Name)

(Certification Number)

(Certification Expiration Date)

(LTC Expiration Date)

(Valid for LTC)

(Valid for FID Only)

I hereby certify the person named in this certificate has successfully completed a Basic Firearms Safety Course as prescribed by G.L. C. 140, § 131P and 515 CMR 3.05.

Instructor's Signature _____

Date Course Completed _____