COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF STATE POLICE

FIREARMS BASIC SAFETY COURSE VERIFICATION FORM

LAST NAME FIRST NAME MI	DATE OF BIRTH

Instructor Information	Basic Safety Course Information
Name _____	Course Name _____
Certification Number _____	Course Certification Number _____
Signature _____	Course Location _____
	Date Completed _____

I, _____, certify that individuals named on this form have successfully completed a Basic Firearms Safety Course as prescribed by M.G.L. c. 140, § 131P and 515 CMR 3.00.

Mail this form to: Massachusetts State Police
Firearms Licensing
470 Worcester Road
Framingham, MA 01702

S. P. 402