



COMMONWEALTH OF MASSACHUSETTS

FIREARMS BASIC SAFETY COURSE

VERIFICATION FORM

PLEASE PRINT LEGIBLY

LAST NAME	FIRST NAME	MI	DATE OF BIRTH

Instructor's Information	Basic Safety Course Information
Name _____	Course Name _____
BFS Certification Number _____	Course Certification Number _____
Signature _____	Course Location _____
Internal use only - Roster ID _____	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 3.05.

Submit this form to: Massachusetts State Police
Firearms Licensing
470 Worcester Road
Framingham, MA 01702
Firearms.licensing@pol.state.ma.us