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| **COMMONWEALTH OF VIRGINIA****Department of Criminal Justice Services**P.O. Box 1300 • Richmond, VA 23218Phone: (804) 786-4700 • [www.dcjs.virginia.gov](https://www.djcs.virginia.gov) |
| FIREARMS FAILURE TO REQUALIFY NOTIFICATION |
| **IMPORTANT INFORMATION*** The course instructor must provide a copy of this form to each student who fails to re-qualify with a minimum passing score.
* Within seven days the Security Services Training School Director will report the failure to re-qualify to DCJS and the Compliance Agent of the last known employing business.
* Requalification training can only be completed within the 90 days prior to the expiration of the current firearms endorsement.
* Applicants seeking a firearms endorsement must comply with the requirements outlined in 6VAC20-174-60 and 6VAC20-174-340 of the Regulations Relating to Private Security Services.
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| Student Name:       | DCJS ID Number:       |
| Training School DCJS ID Number: 88-      | Private Security Services Training School:      | Phone:**(****)**  |
| Primary Instructor:       | DCJS ID Number: 99-       |
| Range Name:       | Range Location:       |
| Student Completed: [ ]  Entire Session [ ]  Partial Session (DCJS Issued Exemption) | Session Dates:Start:       End:       |
|  |
|  |
| Business Name:       |
| Compliance Agent:       |
| Firearms Training |
| [ ]  07R Handgun Re-Training [ ]  09R Advanced Handgun Re-Training[ ]  08R Shotgun Re-Training [ ]  10R Patrol Rifle Re-Training |
|  **Revolver** **[ ]  Failure** |  **Semi-Automatic [ ]  Failure** |  **Shotgun [ ]  Failure** |
| Caliber       Score       %      Caliber       Score       %       | Caliber       Score       %      Caliber       Score       %       | Type       Score       %      Type       Score       %       |
|  **Patrol Rifle [ ]  Failure** |  |
|  Caliber       Score       %       Caliber       Score       %       |  |
|  |
| Certification of Notification |
| Signature: DCJS ID Number: Date:  *Student mm/dd/yy*Signature: DCJS ID Number: Date:  *Primary Instructor mm/dd/yy*Signature: DCJS ID Number: Date:  *Training School Director mm/dd/yy* |

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