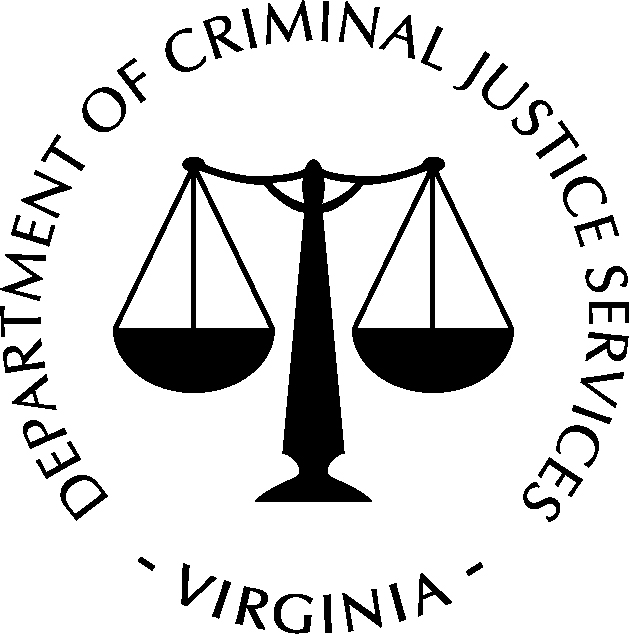
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| **COMMONWEALTH OF VIRGINIA** **Department of Criminal Justice Services**  P.O. Box 1300 • Richmond, VA 23218 Phone: (804) 786-4700 • [www.dcjs.virginia.gov](https://www.djcs.virginia.gov) | | | | | |
| FIREARMS FAILURE TO REQUALIFY NOTIFICATION | | | | | |
| **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. | | | | | |
|  | | | | | |
| 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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