

# PROOF OF EXAMINATION

To: **Butte County Sheriff's Office**

Please be advised that on \_\_\_\_\_, at **NORTHERN FIREARMS INSTRUCTION** \_\_\_\_\_  
Date Range Name

\_\_\_\_\_  
First, Middle, Last

\_\_\_\_\_  
D.O.B.

demonstrated proficiency in  qualification  requalification, with the weapon(s) described below:

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Serial: \_\_\_\_\_

Serial: \_\_\_\_\_

Caliber: \_\_\_\_\_

Caliber: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Type: \_\_\_\_\_

Type: \_\_\_\_\_

Make: \_\_\_\_\_

Make: \_\_\_\_\_

Serial: \_\_\_\_\_

Serial: \_\_\_\_\_

Caliber: \_\_\_\_\_

Caliber: \_\_\_\_\_

Model: \_\_\_\_\_

Model: \_\_\_\_\_

Type: \_\_\_\_\_

Type: \_\_\_\_\_

This qualification was conducted as part of a minimum eight (8) hour class in defensive firearms training, which the above stated individual has successfully completed. The class emphasized basic laws and liabilities that apply to the use of deadly force and concealed carry, as well as general firearms safety, use, and marksmanship and in compliance with the minimum standards of instruction mandated by the Butte County Sheriff.

This firearm qualification is to add these weapon(s) to Butte County CCW Permit #: \_\_\_\_\_

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name