



**NORTH CAROLINA  
PRIVATE PROTECTIVE SERVICES BOARD**

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**RIFLE TRAINING CERTIFICATE**

*THIS CERTIFIES THAT*

\_\_\_\_\_

*Name of Applicant*

Has successfully completed the PPS Rifle Training Course consisting of a minimum of sixteen (16) hours of classroom training, pursuant to the provisions of N.C.G.S. 74C and 14B NCAC 16. In addition, the applicant has completed range qualification on the required PPS courses of fire with the Rifle indicated below and attained the qualification scores indicated.

LOCATION OF CLASSROOM TRAINING: \_\_\_\_\_

DATE COURSE COMPLETED: \_\_\_\_\_

LOCATION OF RANGE TRAINING: \_\_\_\_\_

QUALIFICATION DATE: \_\_\_\_\_

DAY SCORE: \_\_\_\_\_ NIGHT SCORE: \_\_\_\_\_ SKILLS: \_\_\_\_\_

RIFLE INFORMATION

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

CALIBER: \_\_\_\_\_ QUALIFICATION AMMUNITION: \_\_\_\_\_

*The above information is true, accurate, and complete to the best of my knowledge.*

\_\_\_\_\_  
PRINT CERTIFIED TRAINER NAME

\_\_\_\_\_  
CERTIFICATION NUMBER

\_\_\_\_\_  
CERTIFIED TRAINER SIGNATURE

\_\_\_\_\_  
DATE