

The Kansas Commission on Peace  
Officers' Standards and Training  
(KS•CPOST)

**Firearms Qualification Report**

(To Report Successful Completion of Annual Firearms Qualification)

This form must be completed by employers of law enforcement officers to report the successful completion of the annual firearms qualification implemented by the Kansas Commission on Peace Officers Standards and Training (KSCPOST) effective July 1, 2006.

**Qualification Information**

**Box 1**

Date of Qualification Attempt: \_\_\_\_\_

Location of Qualification Attempt: \_\_\_\_\_  
City and State

Name of Rangemaster/Person Supervising Qualification: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency ORI Number: \_\_\_\_\_

**Officers Who Qualified\***

**Box 2**

File Number /  
Certification No.

Officer's Name (Last, First MI)  
*Full-time and part-time only*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Note: Do not report the names of officers who attempted qualification but failed.

**Agency Head/Designee Signature**

**Box 3**

By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions, or falsifications in the information provided on this form.

\_\_\_\_\_  
Signature of Agency Head

\_\_\_\_\_  
Date

Mail Completed Copy To:  
Central Registry Manager  
KSCPOST  
1999 N Amidon Ste 350  
Wichita KS 67203  
Or fax: (316) 832-9679

**"Defenders of  
Integrity and Truth"**