



U.S. FISH AND WILDLIFE SERVICE
REMEDIAL FIREARMS TRAINING
AND QUALIFICATION RECORD

Shooters Name _____ Office _____

Remedial Training Record:
 Stage 1 _____ Stage 2 _____ (select one)

Date	Range Location	Hours	Instructor Names	Type of Training

Date: _____ Time: _____
 Range and Location: _____
 Firearms Instructors: _____
 Weather Conditions: _____

Qualification Record					
Weapon Used	Rounds	P/F	P/F	P/F	Initials

Instructor Notes: