Applicant: _____
(last, First, MI)

NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY ALL OTHERS MUST QUALIFY IN ACCORDANCE TO 11-47-15

WEAPON QUALIFICATION SCORE: CAL.OF WEAPON_____

AMY-L_____ SCORE_____ R.I. COMBAT_____ SCORE_____

_____
SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER DATE

_____
PRINTED NAME & TELEPHONE NO# OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

_____
N.R.A. NUMBER OR POLICE DEPARTMENT NAME

****

AFFIDAVIT

I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF **11-47-1 TO 11-47-62**, INCLUSIVE, OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF THE CITED SECTIONS. I FURTHER UNDERSTAND THAT ANY ALTERATION OF THIS PERMIT IS JUST CAUSE FOR REVOCATION.

_____
Applicant's Signature

BEFORE A NOTARY PUBLIC STATE OF _____

SUBSCRIBED AND SWORN TO BEFORE ME IN _____, _____

THIS_____ DAY OF_____, 20_____.

_____ _____
Notary Public Signature **Notary Public (Name Printed)**

MY COMMISSION EXPIRES ON _____
Month Year State