

NRA FIREARM TRAINING COURSE REPORT

Date _____

Chief instructors should submit within ten days of course to: NRA Training Department, 11250 Waples Mill Road, Fairfax, VA 22030 or Fax to (703) 267-3999. Please provide all information requested. This data will allow us to monitor training as it occurs. Use additional forms if necessary, and retain copies for your records.

Number of: Adult Males _____ Junior Males _____ Adult Females _____ Junior Females _____
(Please provide this information for students who completed the course. Junior = not yet 21.)

Number Who Successfully Completed Course: _____ NRA Certificate Awarded: Yes _____ No _____

Course Type:
(Check one only)
 NRA Basic Firearm Training Course
 BSA Merit Badge Program
 Other (specify): _____
 NRA *FIRST Steps* Orientation
 4-H Shooting Sports Program

Discipline:
(Check one only)
 Rifle
 Muzzleloading Rifle
 Home Firearm Safety
 Shotgun Reloading
 Pistol
 Muzzleloading Pistol
 Personal Protection
 Other _____
 Shotgun
 Muzzleloading Shotgun
 Metallic Cartridge Reloading

Date Course Began: _____ Date Course Ended: _____ Length of Course in Hours: _____

Course Location(s): _____

Chief Instructor's Name (Please print): _____ Signature: _____

Chief Instructor's ID Number: _____ Daytime Telephone Number: _____

Names and ID Numbers of other NRA Instructors who assisted in a teaching capacity: (Please print. Use an additional sheet if necessary.)

Student Roster (NOTE: for NRA use only. Indicate "no info" for non-members who do not wish to receive NRA membership information.)

Name (Print)	Street, City, State, Zip	NRA Member?
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____

TT14685 02/05 Use additional forms if necessary. Trainers should retain copies for their records. Trainers may reproduce this form.



TT 14685