

SEVIER COUNTY SHERIFF'S OFFICE

Reserve Deputy Firearms Training Record

Date: _____

Officer Name/Badge #: _____

Home Address: _____

Home/Cell Phone: _____

Email: _____

Primary Firearm:

Make: _____ Model: _____

Caliber: _____ Serial: _____ Score: _____

Secondary Firearm:

Make: _____ Model: _____

Caliber: _____ Serial: _____ Score: _____

Secondary Firearm:

Make: _____ Model: _____

Caliber: _____ Serial: _____ Score: _____

Officer Signature: _____

Firearms Instructor – SGT. RICHARD STOFFLE

Signature: _____