



The Commonwealth of Massachusetts

BASIC FIREARMS SAFETY CERTIFICATE

The following named individual has successfully completed a Basic Firearms Safety Course as prescribed by G.L. c.140, § 131P and 515 CMR 3.05.

_____ (Name) _____ (Date of Birth)

_____ (Certified Course Title) _____ (Course Certification Number)

_____ (Instructor's Name) _____ (Certification Number) _____ (Certification Expiration Date) _____ (LTC Expiration Date)

_____ (Valid for LTC) _____ (Valid for FID Only)

I hereby certify the person named in this certificate has successfully completed a Basic Firearms Safety Course as prescribed by G.L. C. 140, § 131P and 515 CMR 3.05.

Instructor's Signature _____ Date Course Completed _____