

A4F TACTICAL

Range Hands-On Training Acknowledgment and Competency Verification

Student Name: _____

(Print Name)

I affirm that the hands-on training listed below was explained, demonstrated, and completed with an instructor or coach from A4F Tactical. I understand each section and acknowledge that I received sufficient live fire training on the range for the items completed below.

Student Signature:

Date: _____

Training Items Completed on the Range

Training Topic	Student Initials	Instructor Initials
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NRA Safe Gun Handling Rules	_____	_____
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Safe storage of a firearm	_____	_____
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Loading and unloading magazine	_____	_____
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Proper firing stance and grip	_____	_____
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Live fire training on the range	_____	_____
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Instructor Competency Verification

I certify that the student named above received hands-on range instruction, completed sufficient live fire training, and demonstrated competency in the training areas initialed above.

Instructor Name: _____

(Print Name)

Instructor Signature:

Date: _____