SP-216A (Rev. 12-22-2020)

Commonwealth of Virginia

DEPARTMENT OF STATE POLICE

**RETIRED PERSONNEL FIREARMS TRAINING REPORT**

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|  | Training Date: |    /    /       |
| Name: |       | Code #: |       |
| Address: |       |
|  | Physical Address City/State Zip |
| Phone No.: |       |
|  |  |  |
|  |
| **Pistol / Semi-Automatic** | Serial Number: |       |  |
| Make:  |       | Model:  |       | Caliber: |       |
| Score of Record: |       |  |
|  |
| **Pistol / Revolver** | Serial Number: |       |  |
|  |
| Make:  |       | Model: |       | Caliber: |       |
| Score of Record: |       |
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|  Firearms  Instructor: |       | Code #:(VSP Only) |       |

Annual Qualification Sticker Issued (VSP only) [ ]  |

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| Printed name, address, and telephone number of Firearms Instructor (if qualification by other than VSP Instructor): |  | Mail Completed Form to: |
|  |  | **Virginia State Police** |
|       |  | **Firearms Transaction Center** |
|  |  | **PO Box 85608** |
|       |  | **Richmond, VA 23285-5608** |
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|       |  |  |