

Commonwealth of Virginia  
DEPARTMENT OF STATE POLICE

**RETIRED PERSONNEL FIREARMS TRAINING REPORT**

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: \_\_\_\_\_

Firearms Instructor: \_\_\_\_\_ Code #: \_\_\_\_\_  
(VSP Only)

Annual Qualification Sticker Issued (VSP only) ☐

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**