



The University of Texas System Police



Firearms Qualification Score Sheet and Personal Firearm/Back-up Authorization

Institution		
OFFICER:	BADGE #:	DATE OF QUALIFICATION:

Training conducted on Use of Force to include Use of Force continuum and Deadly Force? YES NO

Did the Officer complete a test on ODOP Policy 604? YES NO

PISTOL

MAKE:	MODEL:	SERIAL NUMBER:	
COURSE OF FIRE:	TARGET:	WEAPON INSPECTED BY:	
DEPARTMENT / PERSONAL** CIRCLE ONE	ON DUTY / OFF DUTY / BACK UP CIRCLE ONE	PASS/FAIL:	DATE:

RIFLE

MAKE:	MODEL:	SERIAL NUMBER:	
COURSE OF FIRE:	TARGET:	WEAPON INSPECTED BY:	
DEPARTMENT / PERSONAL** CIRCLE ONE	ON DUTY / OFF DUTY / BACK UP CIRCLE ONE	PASS/FAIL:	DATE:

SHOTGUN

MAKE:	MODEL:	SERIAL NUMBER:	
COURSE OF FIRE:	TARGET:	WEAPON INSPECTED BY:	
DEPARTMENT / PERSONAL** CIRCLE ONE	ON DUTY / OFF DUTY / BACK UP CIRCLE ONE	PASS/FAIL:	DATE:

ALTERNATE WEAPON

MAKE:	MODEL:	SERIAL NUMBER:	
COURSE OF FIRE:	TARGET:	WEAPON INSPECTED BY:	
DEPARTMENT / PERSONAL** CIRCLE ONE	ON DUTY / OFF DUTY / BACK UP CIRCLE ONE	PASS/FAIL:	DATE:

ALTERNATE WEAPON 2

MAKE:	MODEL:	SERIAL NUMBER:	
COURSE OF FIRE:	TARGET:	WEAPON INSPECTED BY:	
DEPARTMENT / PERSONAL** CIRCLE ONE	ON DUTY / OFF DUTY / BACK UP CIRCLE ONE	PASS/FAIL:	DATE:

Officer Signature:	Date:
Instructor Signature:	Date:
** Chief of Police Signature:	Date:

PERSONALLY OWNED FIREARMS CARRIED ON DUTY REQUIRES THE APPROVAL OF THE CHIEF OF POLICE