



# 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\*\*