

**MANDATORY FIREARMS
TRAINING REPORT**

Incorporated by Reference in Rule 11B-27.00212(14)(b), F.A.C.

**CJSTC
86**

Please type or print legibly in black or blue ink and use capital and small letters to write names, titles, and addresses.

1. Social Security Number: _____
2. Officer's Name: _____
3. Agency's ORI: FL _____
4. Agency's Name: _____
5. Officer Employment Type: Law Enforcement Special Elected or Appointed Railroad Police
6. Required training pursuant to Rule 11B-27.00212(14), F.A.C.

Law Enforcement Officer Firearms Qualification Standard	Date of Completion
Effective July 1, 2006, complete on or before the first reporting period ending June 30, 2008, and every two years thereafter.	

7. _____
Agency Administrator or Designee's Signature
8. _____
Date Signed

INSTRUCTIONS FOR COMPLETING FOR CJSTC-86

Use this form to notify the Criminal Justice Standards and Training Commission of qualification on the Law Enforcement Officer Firearms Qualification Standard.

1. **Social Security Number.** Enter the officer's nine-digit social security number as in this example: 000-00-0000.
2. **Officer's Name.** Enter the officer's legal name last and first name and middle initial.
3. **Agency ORI.** Enter the last seven digits of the agency's originating agency identifier number. There are nine digits in agency ORI codes. "FL" has been entered. Enter as in this example: FL 0370000.
4. **Agency Name.** Enter the agency's name.
5. **Officer Employment Type.** Enter X in one of the boxes for the officer's employment type for which mandatory retraining has been completed.
6. **Required training pursuant to Rule 11B-27.00212(14), F.A.C.** Effective July 1, 2006, complete the Law Enforcement Officer Firearms Qualification Standard on or before the first reporting period ending June 30, 2008, and every two years thereafter.
7. **Agency Administrator or Designee's Signature.** The agency administrator or designee shall sign this.
8. **Date Signed.** The agency administrator or designee shall enter the date this form was signed.

AGENCY REQUIREMENTS

- If the agency is entering the information on-line through the Commission's Automated Management Training System (ATMS), please print this form and maintain the original on file at the agency or training school.
- If the agency is not entering the information on-line through ATMS, maintain the original form on file at the agency and submit a completed copy of the form and a letter requesting FDLE to enter the data into ATMS. Submit the copies to: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, P.O. Box 1489, Tallahassee, Florida 32302-1489. Attention: Records Section. Fax Number: 850-410-8605**
- **Note:** Attach the Law Enforcement Officer Firearms Qualification Standard Form CJSTC-86A and maintain in the officer's file at the employing agency.