

# Arizona Security Specialists

## CDCR OFF DUTY QUALIFICATION

Name (last, first): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

CDL: \_\_\_\_\_ Peace Officer ID: \_\_\_\_\_ Badge: \_\_\_\_\_

MAKE	CALIBER	MODEL	ACTION	BARREL	SERIAL #	SCORE	QUAL?
			R or SAH				Y or N
			R or SAH				Y or N
			R or SAH				Y or N

Please Read And Sign:

I have read and understand Penal Code 830.5 sub-section (c) and (d) and CDCR Departmental and Institutional Policy regarding on and off-duty weapons. I have completed the Basic Peace Officer training as described in Penal Code 832 and qualify as a Peace Officer under Penal Code 830.5.

I understand that when carrying an off-duty weapon, I do so with the understanding that I accept full responsibility under the laws of the State of California. The State of California and the Range Master assumes no responsibility for my actions.

I certify that my off-duty firearm has not been modified and that it meets manufacturer's specifications (exceptions: handgrips and sights).

LEGIBLY PRINT NAME (LAST, FIRST, MIDDLE):	CLASSIFICATION:
SIGNATURE:	DATE:
RANGEMASTER PRINT/SIGNATURE:	DATE: