POST Range Safety Officer Certification Request Form (PC-13)

I hereby certify by my signature that the below students have successfully completed the requirements of the POST Range Safety Officer Program. The scores were computed and verified in accordance with POST Regulations.

Printed Name of POST Firearms Instructor

Signature of POST Firearms Instructor

Date

Pistol Range Site

( ) POST Firearms Instructor Phone #

Address to mail certificates to:

NAME (as it should appear on Certificate)	M/F	SS# and DL # & state	DOB	AGENCY	ORIGINAL HIRE DATE	Test Score	Last PQC Date & Score

Please submit completed forms to: (Choose ONE Option)

By Mail – Post Office Box 3133, Baton Rouge, LA 70821

By Email – POST@lcle.la.gov