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Rockland County Clerk

COUNTY OF ROCKLAND

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CERTIFICATION OF COMPLETION OF TRAINING

(Only required when applying for a Carry Concealed Permit)

Applicant's Full Name: _____

Applicant's Address: _____

Applicant's Date of Birth: _____

Certification of In-Person Training

I, _____, hereby certify, under penalty of perjury, that the following information is true and accurate:

1. I am a Duly Authorized Instructor, as that term is defined in New York State Penal Law § 265.00 (19), approved by the New York State Division of Criminal Justice Services and New York State Police to instruct the concealed carry firearms safety training.
2. The above-listed applicant has completed the following in-person live firearms safety course(s) conducted by me:
 - a. A minimum of sixteen (16) hours of in-person live curriculum that meets or exceeds the requirements set forth in New York State Penal Law § 400.00 (19) and the "Minimum Standards for New York State Concealed Carry Firearm Safety Training" issued on August 23, 2022, as amended, or updated from time to time.

Applicant:

- b. A minimum of two (2) hours of live-fire range training course that meets or exceeds the requirements set forth in New York State Penal Law § 400.00 (19) and the “Minimum Standards for New York State Concealed Carry Firearm Safety Training” issued on August 23, 2022, as amended, or updated from time to time.
- 3. I have administered a written proficiency test to the above-listed applicant that evaluates his/her/their understanding of the requirements set forth in the New York State Penal Law § 400.00 (19) and the “Minimum Standards for New York State Concealed Carry Firearm Safety Training” issued on August 23, 2022, as amended, or updated from time to time. The above-listed applicant achieved a minimum correct answer score of 80% on his/her/their written proficiency test.
- 4. I understand this certification will be provided to and relied upon by the Rockland County Court to demonstrate the above-listed applicant’s compliance with New York State Penal Law § 400.00 (19).

Duly Authorized Instructor’s Signature

Date

Print Name of Instructor: _____

Address: _____

State of New York)

)ss.:

County of _____)

On the _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Signature