**Victor Valley College Police Department**

**HR 218 Record Form**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Date) (Print Name)

completed the Firearms Qualification Certification requirements. I have a copy of the Victor Valley College Police Department Policy No. 206, Retiree Concealed Firearms.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge receipt of the policy and my responsibility to comply with

(Retiree Signature)

 the provisions of the Department’s HR 218 Policy.