

**STATE OF NEBRASKA**

This is to certify that

\_\_\_\_\_  
This certificate only verifies the holder has qualified on the State of Nebraska Handgun Qualification Course as per U.S. Title 18, Chapter 44, Sections 926C (5)

Date of Qualification 04/18/2024

Type of Handgun Semi-Automatic

Valid for 1 Year

**HANDGUN QUALIFICATION CERTIFICATION**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

DOB \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Firearms Instructor Signature \_\_\_\_\_