



Handgun Safety School Class Roster

Class Roster for the Date of \_\_\_\_\_

School Name \_\_\_\_\_ School Number \_\_\_\_\_

**Must be completed by School Owner or Instructor**

Students Signature	Last Name	First Name	Middle Initial	TN Driver License Number (9 digits)	Written Test Score	Firing Range Test Score	Certificate Number	Date Completed Class

Class Room Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class Room Instructor Name \_\_\_\_\_ Instructor Number \_\_\_\_\_  
Class Room Instructor Name \_\_\_\_\_ Instructor Number \_\_\_\_\_  
Class Room Instructor Name \_\_\_\_\_ Instructor Number \_\_\_\_\_

Firing Range Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Firing Range Instructor \_\_\_\_\_ Instructor Number \_\_\_\_\_  
Firing Range Instructor \_\_\_\_\_ Instructor Number \_\_\_\_\_  
Firing Range Instructor \_\_\_\_\_ Instructor Number \_\_\_\_\_

SF #