



# The Commonwealth of Massachusetts

## BASIC FIREARMS SAFETY CERTIFICATE

The following named individual has successfully completed a Basic Firearms Safety Course as prescribed  
by G.L. c.140, § 131P and 515 CMR 3.05.



\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Certified Course Title)

\_\_\_\_\_  
(Course Certification Number)

\_\_\_\_\_  
(Instructor's Name)

\_\_\_\_\_  
(Certification Number)

\_\_\_\_\_  
(Certification Expiration Date)

\_\_\_\_\_  
(LTC Expiration Date)

\_\_\_\_\_  
(Valid for LTC)

\_\_\_\_\_  
(Valid for FID Only)

I hereby certify the person named in this certificate has successfully completed a Basic Firearms Safety Course as prescribed  
by G.L. C. 140, § 131P and 515 CMR 3.05.

Instructor's Signature \_\_\_\_\_

Date Course Completed \_\_\_\_\_