



Canadian Firearms Safety Course and/or Canadian Restricted Firearms Safety Course Report

For Administrative Use

A - Student/Candidate Information (to be completed by student/candidate)

1. a) Type of Course <input checked="" type="checkbox"/> Canadian Firearms Safety Course <input type="checkbox"/> Canadian Restricted Firearms Safety Course		1. b) Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		1. c) Date of Birth (yyyy-mm-dd) 1992/04/15	
1. d) Preferred Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French		1. e) Last Name Hiebert		1. f) First Name Landis	
				1. g) Middle Name Scott	
Mailing Address					
2. a) Street / Land location / Rural route / PO box number Box 286			2. b) Apt./Unit		2. c) City/Town La Broquerie
2. d) Province/State Manitoba		2. e) Country Canada		2. f) Postal/Zip Code R0A 0W0	
2. g) Day Time Telephone (include ext.) 204-381-9062		2. h) Evening Telephone (include ext.)		2. i) E-mail Address landishiebertconconsult@gmail.com	

Identification

3. Type HI-EB-EL-S082JN Drivers		I hereby certify that the information in Part A is true and accurate. Student/Candidate's Signature Date (yyyy-mm-dd) 2022/11/19	
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B - Course Information (to be completed by instructor)

4. a) Start Date (yyyy-mm-dd) 2022-11-19		4. b) End Date (yyyy-mm-dd) 2022-11-19		4. c) Total Classroom Hours Excluding Test Time 8		4. d) Total Number of Students 9	
5. a) Province/Territory Manitoba		5. b) City/Town Steinbach		5. c) Course Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other specify:			
6. a) Lead Instructor ID Number MB-0403		6. b) Last Name of Lead Instructor Penner		6. c) First Name Gloria			
I hereby certify that the student identified in Part A was taught using the Canadian Firearms Safety Course and/or the Canadian Restricted Firearms Safety Course; the student's identification document was verified; and, the information in Part B is true and accurate. Instructor's Signature Date (yyyy-mm-dd) 2022-11-19							

C - Written Test Information (to be completed by examiner)

7. a) Test Date (yyyy-mm-dd) 2022-11-19		7. b) Number of Students 9		7. c) Score (%) 98		7. d) Language of Written Test <input checked="" type="checkbox"/> English <input type="checkbox"/> French		7. e) Test Number Used 3	
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D - Practical Test Information (to be completed by examiner)

8. a) Test Date (yyyy-mm-dd) 2022-11-19		8. b) Number of Students 1		8. c) Score (%) 100		8. d) Language of Practical Test <input checked="" type="checkbox"/> English <input type="checkbox"/> French		<input type="checkbox"/> Retest Only	
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E - Fees (to be completed by examiner)

9. a) Course Fee (excluding student manual)		9. b) Test Fee		9. c) or Combined Course and Test Fee (excluding student manual) 150.-	
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F - Examiner Certification

10. a) Lead Examiner ID Number MB-0403		10. b) Last Name of Lead Examiner Penner		10. c) First Name Gloria	
11. I hereby certify that the candidate identified in Part A was tested using the Canadian Firearms Safety Course and/or the Canadian Restricted Firearms Safety Course tests, that the candidate's identification document was verified, and that all of the testing procedures were carried out without prejudice or favour, and further declare that the candidate: <input checked="" type="checkbox"/> a) successfully passed the tests indicated in Parts C and D. <input type="checkbox"/> b) failed to meet the requirements of Section 7 of the Firearms Act.					
Failure Reasons: <input type="checkbox"/> i) failed written test <input type="checkbox"/> ii) failed practical test <input type="checkbox"/> iii) withdrew from test					
Examiner's Signature				Date (yyyy-mm-dd) 2022-11-19	

G - Distribution

Copy 1 - Student copy for submission with Firearms Licence application Copy 2 - Processing Site Copy 3 - Instructor Copy 4 - CFO