**Appendix BN**

**Veteran’s Certification for Possession of Firearms**

**Vocational Requirement – Post Training**

Instructions: This certification is to be used for a VR&E participant who is:

* Approved for a vocational goal that requires possession of a firearm, however completion of a training program did not require possession of a firearm.
* Completing a training program with a vocational goal that requires the possession of a firearm. All sections of the form must be filled in, initialed, and signed by the Veteran and Vocational Rehabilitation Counselor (VRC) upon completion of training, before a job ready declaration can be made.

As part of my vocational training under the Chapter 31 Program, I agree to and certify the following:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am participating in a vocational rehabilitation program with a goal of \_\_\_\_\_\_\_\_\_\_\_\_, which requires that I personally own a firearm. I understand that VR&E does not provide firearms or ammunition for the purposes of pursuing my vocational goal or obtaining and maintaining employment.

1. I have purchased a firearm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name Brand, Type, Caliber)

1. I have provided copies of all paperwork related to firearm to the VRC including a new background check prior to receiving employment services. \_\_\_\_\_Initials
2. I have registered and obtained a license and permit for the firearm. \_\_\_\_\_Initials
3. I have the firearm stored in a safe or secured location when not in use. \_\_\_\_\_Initials

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Veteran Date

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Signature of VR&E Case Manager Date