

NCJA COURSE OF FIRE REQUEST

TO: Campus Operations Manager **DATE:**

North Carolina Justice Academy

FROM: _____
(Name of Agency Head or Designee)

(Title)

(Agency)

SUBJECT: Course of Fire Authorization Request

Title of Course:

is a course officially approved by this agency. Firearms instruction is a part of the course. The instruction component will utilize the below listed or attached course of fire and is recommended for implementation on the North Carolina Justice Academy firearms ranges.

Course of Fire

Any change in course of fire (location of firing positions, distance, angles, number of rounds, type of ammunition, weapons type, etc.) will require approval of a new course of fire.

(Signature of Agency Head or Designee)