**Appendix AB**

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

**Vocational Requirement – Pre-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 does 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) prior to signing a plan of services.

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 will use the firearm only for the purpose of completing my vocational rehabilitation program and maintaining suitable employment. \_\_\_\_\_Initials
2. I have completed a background check prior to signing a plan of services and provided to the VRC. I understand that a new background check will be required prior to receiving employment services to ensure that the vocational goal remains appropriate. \_\_\_\_Initials
3. I will comply with all laws, rules, and regulations required by the Federal government and the State I reside in. \_\_\_\_\_Initials
4. I agree to notify my VA case manager of any circumstances that may interfere with the successful completion of my vocational rehabilitation program, including any situation that may lead to the revocation of my license, registration, or permit to possess or use the firearm. \_\_\_\_\_Initials
5. I understand that VA is not responsible for the purchase of or reimbursement for the firearm and/or ammunition, nor will VA pay for the replacement of such items should they be lost, broken, or stolen during the course of my program. \_\_\_\_\_Initials

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Signature of Veteran Date

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Signature of VR&E Case Manager Date