

FIREARMS FAMILIARIZATION COURSE

Date you would like to take the course

APPLICANT INFORMATION

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All applicants will be required to provide a valid photo identification card at the time of the class.					
Name		State	Zip		
Date of Birth		Home Phone			
Race	Sex	Work Phone			
Address		Cell Phone			
City		Email Address			
NOTIFICATION IN	CASE OF EMERGENCY				
Name	Address				
Home Phone	Work Phone		Cell Phone		
Do you have any physi	cal disabilities which may interfere v	vith your ability to sa	fely participate in the firearms course?		
	If yes, what type and explain the n	ature?			
Are you currently on any prescription medications? take?		If yes, what type, dosage and strength do you			
Have you ever been convicted of any felony or misdemeanor charge involving violence including episodes of domestic violence? If yes, state charge and location?					
Are you currently und	er any order of restraint or order res	tricting your possessi	on of a firearm?		
If yes, explain?					
Have you ever attended any other Firearms Safety Course? If yes, where?					
If you intend to use your personal firearm, please complete as much of the information below as possible:					

Caliber

Serial #