APPLICATION

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Birth Date: _____

E-mail: _____

Course Name: _____

Course Date: _____

Course Fee: _____

Reason(s) for owning a firearm: _____

Firearm Make to be used on range: _____

Model: _____

Caliber: _____

Have you ever been convicted of a felony: _____

Have you ever been convicted of domestic violence: _____

Is there a protection order in force against you: _____

Where did you hear about us: _____

NRA Membership # if Applicable: _____

Explain your handgun experience: _____

Applicant Signature: _____

Today's Date: _____

No refunds after 72 hours you begin process. If you cannot make scheduled or selected course date you may schedule or select another date within 90 days. We have many administrative processes that begin immediately upon receipt of your payment and or application. 