

Shooter School Weapons Training Site
Applications Form

Course Requested: _____ Course Date _____

Tutorial Dates Requested: _____

Name: _____
(As you would like it to appear on your certificate)

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work) _____

Email: _____

Date of Birth: _____ Place of Birth _____

Place of Employment: _____ Occupation _____

Prior Firearms Training:

Make, model and caliber of firearm(s) to be used in class: _____

Please check one and provide the information requested along with a current copy of your drivers license, Law Enforcement, Military, Corporate I.D. or verifiable credentials, on the day you attend the course.

I am in a current, active, full-time service with a public law enforcement agency, United States Armed Forces, government or corporate security agencies.

Copy of a current concealed carry permit or federal firearms

Illinois Firearms Identification Card (**Illinois residents need a valid FOID to attend any training at Shooter School Weapons Training Site Inc.**)

Out-of-State (**by checking out-of-state you make the representation that you have no felony convictions**)

Shooter School Weapons Training Site Incorporated, *reserves the right to cancel any course with a full deposit refund for the class only.* By signing below, you are authorizing Shooter School Weapons Training Site Incorporated to conduct a full-background search upon you for purposes of determining fitness for weapons training, further you agree to abide by all range rules and regulations set forth by Shooter School Weapons Training Site Incorporated. Shooter School Weapons Training Site Incorporated retains the right, at any point in time, to disallow you from participating in its weapons training courses.

*Please Sign: _____ Date _____