DEFENSIVE TRAINING GROUP

Tactical Solutions for Real World Problems

APPLICATION FOR TRAINING

Application Date: _____

Name: _____(print clearly)

Date of Birth:_____Place of Birth:_____

Address:_____

City:_____State:_____ZIP:_____

Phone: (home)_____(work):_____

E-mail _____ Employer:_____

1. Have you ever been arrested (other than for minor traffic offenses)? : Y N

Explain circumstances (use back if needed):

_____

_____

2. Have you been or are you addicted to alcohol, drugs, been involuntary hospitalized due to danger to self or others, under restrictions due to domestic violence, or otherwise prohibited by law from lawfully purchasing or owning a firearm?: Y N

3. Do you have any medical conditions which may interfere with the motor skills and mental judgment necessary to safely own and operate a firearm at all times?: Y N

Explain (use back if needed): _____

_____

_____

4. Briefly described any firearm training you have taken and your general familiarity with firearms:_____

_____

_____

_____

5. Type of handgun you will bring to class (if applicable): _____

6. Type of handgun provided to you (if applicable**):** _____