

DEFENSIVE TRAINING GROUP

Tactical Solutions for Real World Problems

APPLICATION FOR TRAINING

Class/ date attending: _____

Name: _____ (print clearly)

Date of Birth: _____ Place of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (home) _____ (work): _____

E-mail: _____ Employer: _____

To ensure compliance with US legal requirements, including the International Traffic in Arms Regulations, Defensive Training Group only accepts US Citizens and US Legal Permanent Residents for participation in training courses. I certify that I am a US Citizen or US Legal Permanent Legal Resident: Y N

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. Where did you hear about Defensive Training Group?: _____
