

APPLICATION

Name: _____

DOB: _____ (Select Right/Left) E-mail: _____

Address: _____ Home Phone: _____

City : _____ State: _____ Zip: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Emergency contact: _____ Phone: _____

Describe the gun and gear you will use: _____

Equipment you want Tacfire to provide you (for a fee): _____

List past training experience: _____

Any physical limitations? _____

How did you find us? _____ Referred by _____

Course Selection

Please indicate the course you have chosen by completing the section below.

Course Name: _____ Date offered: _____ Class Tuition \$ _____

STATEMENT OF NO CRIMINAL RECORD, MENTAL ILLNESS, OR SUBSTANCE ABUSE

By my signature on this application I state that I have no criminal convictions, am not currently under indictment or prosecution for any offense, and am not wanted for questioning or arrest by any law enforcement or government agency. I further state that I have no history of mental illness or substance abuse. I understand that my training may be terminated at any time during the course if my actions are not deemed appropriate by staff. Upon arriving at the course, I agree to sign a document releasing Tacfire from any liability that may occur during the course of training or thereafter. I understand that my tuition is non-refundable without 30 days written advance notice of cancellation.

Applicant's Signature _____ Date _____

To be considered for acceptance into a Tacfire Training course, this application must be filled out completely, including the Statement of No Criminal Record and sent with full payment no less than 30 days prior to course date. Cancellation will have a penalty of \$100.

Tactical Firearms Training Institute

TACFIRE

888-822-3473 Fax 805-932-4800

www.tacfire.com

dave@tacfire.com