



# TTS Concierge Information Request

Please provide the following pieces of information for completion of your application(s)

Please Print Legibly!

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN(optional): \_\_\_\_\_

Street Address(no PO Box): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Birth Place (City/State/Country): \_\_\_\_\_

Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_\_ lbs Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Have you ever been served with a criminal summons, ex parte, charged or convicted of a criminal offense?

Yes  No

(If you checked yes, give a brief description with dates on the provided page.)

Domestic Relationship

N/A

Spouse/Significant Other/Cohabitant Name:

\_\_\_\_\_

Email: \_\_\_\_\_

Nature of Relationship: \_\_\_\_\_ Length: \_\_\_\_\_

Telephone#: \_\_\_\_\_



# TTS Concierge Information Request

Please provide the following pieces of information for completion of your application(s)

Please Provide Your Last 5 Years Of Employment  
(Starting with the most recent. A resume will suffice)

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone # \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ ~ \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone # \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ ~ \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone # \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ ~ \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Telephone # \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ ~ \_\_\_\_\_



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## References:

Please provide 3 personal references. Can not be family or have the same address as the applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address: \_\_\_\_\_

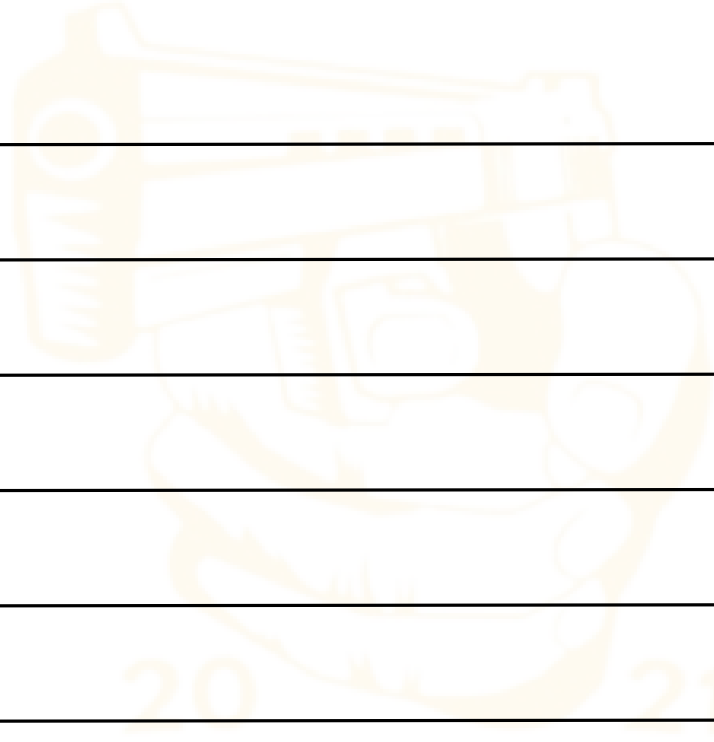
Employer: \_\_\_\_\_



# TTS Concierge Information Request

Please provide the following pieces of information for completion of your application(s)

Criminal Background Detail Sheet



TRUSTY  
TRAINING SOLUTIONS



# TTS Concierge Information Request

Please provide the following pieces of information for completion of your application(s)

I \_\_\_\_\_ hereby affirm that all information provided is true and accurate to the best of my knowledge. My signature below also grants permission to Trusty Training Solutions to submit my firearms permit application(s) on my behalf. I also understand that this information packet will be properly disposed of immediately following the completion of my application(s)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Fees:

### Facilitation Fees:

\$50 Maryland

\$25 Utah

\$25 Florida

### Application Fees:

\$125 Maryland

\$63.24 Utah

\$97 Florida

Cash App: \$dtrusty912

Zelle: donell.trusty@icloud.com