PISTOL PERMIT CLASS REGISTRATION FORM

Student information and class scheduling

1. STUDENT INFORMATION

Full Legal Name *

Date of Birth *

Phone Number *

Email Address *

Street Address

City

State

ZIP Code

2. CLASS REQUEST

☐ Connecticut Pistol Permit Class

☐ Massachusetts Permit Class / Waitlist

Preferred Class Date

Alternate Class Date

Preferred Schedule

☐ Morning ☐ Afternoon ☐ Evening ☐ Weekend ☐ Flexible

Please submit one form for each student. This form is a registration request; your seat is not confirmed until Maltese Arms contacts you with confirmation and class details.

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Experience, training needs, safety, and eligibility

3. EXPERIENCE & TRAINING NEEDS

Current Experience Level

- [ ] New / First-Time Student
- [ ] Some Experience
- [ ] Experienced
- [ ] Returning Student

Previously taken firearm safety or permit-related training?

- [ ] Yes
- [ ] No

Prior training details, questions, or anything you would like the instructor to know

Physical limitations, accessibility needs, or learning accommodations

Share only information relevant to helping us provide a safe and effective class experience.

4. SAFETY & ELIGIBILITY ACKNOWLEDGMENTS

- [ ] I confirm that, to the best of my knowledge, I am legally eligible to possess and handle firearms.
- [ ] I agree to follow all safety instructions and instructor directions during the class.
- [ ] I understand that unsafe or disruptive conduct may result in removal from the class.
- [ ] I understand that completing a class does not guarantee issuance of any permit or license by a government agency.

By checking the statements above, you are confirming your understanding of the class rules and registration requirements. Maltese Arms may contact you if additional information is needed before confirming your seat.

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Referral, communication preferences, acknowledgment, and office use

5. REFERRAL & COMMUNICATION

How did you hear about Maltese Arms?

☐ Facebook ☐ Instagram ☐ Google ☐ Friend / Family ☐ Website

☐ Yes, I would like occasional updates about future classes and training opportunities.

Optional. You may ask to stop receiving updates at any time.

6. REGISTRATION ACKNOWLEDGMENT

I understand that submitting this form is a request to register for a class and does not guarantee a seat. My registration is confirmed only after I receive confirmation from Maltese Arms. I certify that the information provided on this form is accurate to the best of my knowledge.

Student Name (typed)

Date

Electronic Signature / Initials

Typing your name or initials here indicates your acknowledgment of the statements above.

Privacy note: Your information is used for class registration and communication. Do not include Social Security numbers or other unnecessary sensitive information.

OFFICE USE ONLY

Class Date

Registration Status

Student ID / Reference

Internal Notes