



# GOLD COUNTRY FIREARMS

Est. 2001

20 Rollingwood Dr. #52  
Jackson, CA 95642  
(209) 223-0000  
www.gcfguns.com

## COURSE REGISTRATION

COURSE SELECTION: \_\_\_\_\_

COURSE DATE: \_\_\_\_\_

Military / Law Enforcement / First Responder:

Issuing Agency: \_\_\_\_\_

County of Residence: \_\_\_\_\_

NAME: LAST, First, Mi.: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

DL #: \_\_\_\_\_

ADDRESS - Physical: \_\_\_\_\_

ADDRESS - Mailing: \_\_\_\_\_

### PHONE & E-Mail

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

Shooting Experience: \_\_\_\_\_

Qualifying Handgun 1: \_\_\_\_\_ Caliber: \_\_\_\_\_ Qualifying Handgun 2: \_\_\_\_\_ Caliber: \_\_\_\_\_

I declare under the penalty of perjury, that all statements made by me on this Course Registration are true and correct. I declare that I am not addicted to alcohol and/or the use of any narcotic drug. I further declare I have never been in a mental institution and/or treated for a mental illness, and I am also familiar with the prohibiting offenses that would preclude me from owning and/or possessing a firearm.

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

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

Mail advance Course Registration with check and/or Money Order payable to **Joe Dirickx**, 20 Rollingwood Dr., #52, Jackson, CA 95642

**NO firearms are allowed in the classroom, leave all firearms properly secured in your vehicle.**