Guns Plus
Security Enforcement Services, Inc
16551 North Dysart Road, #112
Surprise, AZ 85378
(623) 583-1570

CONCEALED WEAPONS PERMIT (C.W.P.) – ENROLLMENT FORM

PLEASE **RETURN** THIS FORM WITH PAYMENT **PRIOR TO CLASS**
PLEASE PRINT CLEARLY

NAME: _____
(As you would like it to appear on your certificate)

Course Enrolling in: ____ **Initial CWP** ____ **CWP Refresher**

Course Date: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alt Number: _____

E-Mail Address: _____

Driver's License #: _____ State of ID: _____ Expiration: _____

Date of Birth: _____ Occupation: _____

Firearm you plan to use during this training course:

Make: _____ Model: _____ Caliber: _____

Please answer "Yes" or "No" to all questions below:

___	Yes	___	No	Are you a United States citizen?
___	Yes	___	No	Are you at least 21 years of age?
___	Yes	___	No	Are you an Alien admitted to the US as a lawful permanent Arizona residence?
___	Yes	___	No	Are you under indictment, convicted or adjudicated delinquent of a felony?
___	Yes	___	No	Are you an unlawful user of, or addicted to, any controlled substances?
___	Yes	___	No	Are you currently under indictment or convicted of a misdemeanor crime of domestic violence?
___	Yes	___	No	Were you dishonorably discharged from the military?
___	Yes	___	No	Have you been adjudicated as mentally incompetent or committed to a mental institution?
___	Yes	___	No	I am fully aware how to manipulate (operate) my Firearm. Which includes built in safeties, inserting and removing magazines, loading, unloading your Firearm. This class is not for the novice shooter.

_____ (Initial) If unable to attend scheduled class date, I must reschedule a minimum of 4 days in advance. If I fail to reschedule or no show, I forfeit payment.

Signature: _____ Date: _____

For Office Use Only Revised 08-2026

Date Paid: _____ Amount Paid: _____ Letter Provided: _____ Sales Associate: _____