CLASS APPLICATION – ST. THOMAS/ST. JOHN

CUSTOMER INFORMATION	
Date: / / 2025	**Class Date:** / / 2025
Customer's Name:	
Physical Address:	
Phone:	**Customer's DOB:** / / **Place of Birth:**_____
Customer's Email Address: _____	
Submit application/documents to: application@startimefirearms.com	**Company Telephone Number:** (340) 643 - 8642

Have you ever been convicted of a Felony? ☐ **YES** ☐ **NO** If YES, Please speak to a team member.

SERVICE REQUEST INFORMATION

Services:		Products:	
Firearm Training Class		Firearm	
Additional Services		Ammunition	
Firearm Permit Application		Shooting Accessories (eg. Earmuffs)	
1st Character Reference Letter		Firearm Supplies (eg. Gun Parts)	
2nd Character Reference Letter		Other	
3rd Character Reference Letter			
Written Affidavit		**FEES**	
Notary Public Service		Firearms Class ONLY - **$230**	
Fingerprint		Range Fee (VIPD) - **$60**	
Local Background Check		**Additional Services - $380**	
4 Photos		**TOTAL - $670**	

PAYMENT INFORMATION

Total Amount Due: $_____ **Deposit: $**_____ **Total Amount Paid: $**_____

Balance Due: $_____

Payment Type: **Cash** ☐ **Credit Card** ☐ **Venmo @STARTIME1** ☐

Zelle @ 678-848-1466 ☐ **ATH Movil @340-514-8663** ☐

Unconditional Release of Liability and Assumption of Risk:

I, _____, freely, knowingly and voluntarily assume the risks of participating in this firearm safety training, including the risks of property damage, bodily injury and fatality. I hereby release Star Time Firearms LLC from any and all claims, arising out of, relating to, or participation in its firearm safety training. I also authorize Star Time Firearms, LLC to act on my behalf to obtain the services listed above.

I also give consent to Star Time Firearms, LLC to collect, use and disclose my personal information and documents for the sole purpose of receiving a firearm permit.

_____ Participant

_____ Star Time Firearms LLC Rep.

_____ Date

ALL SALES ARE FINAL! NO REFUNDS!

PLEASE PROVIDE US WITH THE FOLLOWING FOR THE **THREE (3)** CHARACTER REFERENCES WHO CANNOT BE FAMILY MEMBERS OR VIPD:

REFERENCE 1:

NAME:
PHYSICAL ADDRESS:
PHONE NUMBER:
LENGTH OF TIME YOU KNOW THE REFERENCE:
RELATIONSHIP WITH REFERENCE:

REFERENCE 2:

NAME:
PHYSICAL ADDRESS:
PHONE NUMBER:
LENGTH OF TIME YOU KNOW THE REFERENCE:
RELATIONSHIP WITH REFERENCE:

REFERENCE 3:

NAME:
PHYSICALADDRESS:
PHONE NUMBER:
LENGTH OF TIME YOU KNOW THE REFERENCE:
RELATIONSHIP WITH REFERENCE:

*****ALL REFERENCES MUST RESIDE IN THE USVI*****

APPLICANT AFFIDAVIT – (CUSTOMER ONLY):

FULL NAME:

PHYSICAL ADDRESS:

PHONE NUMBER:

OCCUPATION/EMPLOYER:

HOW LONG HAVE YOU LIVED IN THE USVI:

REASON FOR OBTAINING FIREARM LICENSE:

TYPE OF FIREARM:
MAKE:
MODEL:
CALIBER:

Please email information above to: **application@startimefirearms.com** OR Text: **340-643-8642.**