

Referred By

Written Score

NOTICE: You must inform the instructor of any and all medical conditions/injuri

<u>N</u>	OTICE: YO	ou must inform the	nstructor of any an	d all medical o	conditions/injuri	es.
PRI	NT LEGIBL	E: FULL LEGAL	NAME			
Name:				Attend	ance:	
First		Middle Initial	Last			
Home Address:						
Home Address:		Address	Apt#	-		
		Tradioss	1100			
				-		
Telephone: Home	Town	State	Zip			
Cell						
Emai	l					
Type of Identifica	ition:		Photo:	(	Gender:	
D.O.D.						<del></del>
D.O.B			S.S.#			
Employer						
Employer: (Main Address)		Name				
		Address				
	Town	State	Zip	_		
Telephone:	()					
Pistol License:			/	/		/
		Number	Issuing Po	lice Agency	Issued Date	Expiration Date
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Make	Model	Caliber	Type (auto/rev)	Se	rial	SCORE
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Emergency Contact:	Name	Relation	Address		ephone and Cell	
	<u>Min</u>	imum Standards f	or New York Sta	te Concealed rse Taken	Carry Firearn	ns Safety Training
A FEIDMATION	T. T. L L.					
	-	-	-	_	-	s course and that I are, demonstration
						ompletely satisfied
with this course. I understand that I must read and comply with all Federal, State, and Local Laws and that this is only a course and not a license or permit of any kind. I did receive a firearms (Handgun and Long						
						form, including all
attachments, are t						true, do not sign
this form.						

Signature Date