



# Up in Smoke Firearms Training (USFT), LLC Firearms Experience Questionnaire Form



*I have read, agree to, signed, and completed the Training Agreement and the Waiver of Liability/Inherent Risks Agreement/Hold Harmless/Indemnification Agreement Forms and I am interested in attending a course or qualification process to prepare me to become a better firearms user and possessor.*

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

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip-Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

NRA Member? Yes or No Status: \_\_\_\_\_ Membership #: \_\_\_\_\_

CMP Member? Yes or No Status: \_\_\_\_\_ Membership #: \_\_\_\_\_

Do you currently hold any ratings from the NRA or CMP? Yes or No If so, which ones? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to get trained? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any previous shooting experience (rifles, pistols, shotguns, muzzleloading firearms and/or air guns) you might have already. \_\_\_\_\_

\_\_\_\_\_



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Briefly list the types of guns you have fired (e.g., bolt-action rifle, semi-automatic pistol, etc.) and how often you shoot them, how many rounds of ammunition you have fired in the past six (6) months, and the types of activities in which you participate with these guns. \_\_\_\_\_

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What are your goals for this training or qualification and how do you see yourself best achieving them? \_\_\_\_\_

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How did you find out about Up in Smoke Firearms Training (USFT), LLC? Family, Friend, Work, On-line search of the web, gun shop, instructor, social group, etc. \_\_\_\_\_

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