



D.R.A.W. School Instructor Training Course

Instructor Candidate Registration Application

Hosted by Greenville County Sheriff's Office

INFORMATION MUST BE TYPED, * = MANDATORY FIELD

| ALL APPLICATIONS MUST BE SUBMITTED BY FRIDAY, AUGUST 21, 2026 | | |
|---|---|-----------------------------------|
| Check one (1) box below to indicate the course that you would like to attend: EARLY BIRD DEADLINE IS FRIDAY, JULY 24, 2026. | | |
| Instructor Course | Early Bird Registration | Regular Registration |
| Adv. Patrol Rifle Instructor | <input type="checkbox"/> \$609.00 | <input type="checkbox"/> \$659.00 |
| INSTRUCTOR CANDIDATE CONTACT INFORMATION (PLEASE PRINT) | | |
| *Name: (Last*) | (First*) | (Middle*) |
| *Agency Name: | | *Agency Phone: |
| *Agency Mailing Address: | | |
| *City: | *State: | *Zip: |
| *Agency Email: | | *Applicant Rank: |
| *Pers. Email (i.e. Gmail): | | *Mobile: |
| *Supervisor Rank/Name: | | *Supv. Phone: |
| Do you have any physical limitations or medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list: | | |
| PAYMENT INFORMATION | | |
| Amount: \$ _____ Method of Payment: Check* <input type="checkbox"/> Credit/Debit <input type="checkbox"/> | | |
| Purchase Order <input type="checkbox"/> Purchase Order* # _____ | | |
| <i>*If paying via check or purchase order, an invoice will be sent to the agency for payment.</i> | | |
| Credit/Debit: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> | | |
| Card Name: | Personal <input type="checkbox"/> Agency <input type="checkbox"/> | |
| Card Number: | Exp. Date: | CVV: |
| Billing Address: | | |
| City: | State: | Zip: |
| **If agency card, applicant certifies authorization to use card listed above. Initials: | | |
| FIREARM, HOLSTER AND AMMUNITION INFORMATION | | |
| Handgun Make/Model: | | Caliber: |
| Rifle Make/Model: | | Caliber: |
| Duty Holster Type: | | Retention Level: |
| SUPPORTING DOCUMENTATION | | |
| The following supporting documentation must be submitted with your completed application: Agency Credentials (Photo ID) <input type="checkbox"/> Agency Letter (In Good Standing) <input type="checkbox"/> | | |
| Scan and send application and supporting documents to JSpeller@FenixTraining.com Mailing Address: Law Enforcement D.R.A.W. School P.O. Box 1768 York, SC 29745 | | |

I certify that I am a sworn law enforcement officer and/or an affiliated instructor and eligible to attend the D.R.A.W. School Advanced Patrol Rifle Instructor course. I am submitting current, non-expired documentation of my credentials as confirmation thereof. **I have read and understand all requirements and policies to attend and complete this training. I further understand the refund policy and course cancelation policy.** I understand that I am responsible for travel, lodging, meals, ammunition and other related expenses for this course. All information is true and correct to the best of my knowledge. If this application is e-signed, it acts as my signature.

*Signature: _____ *Date: _____