

The Comfort of *Skill at Arms* Awaits You at Front Sight...

Application for Instruction

Due to the time required to complete your criminal background check, **Front Sight must receive your completed application with payment in full at least two weeks before your selected course dates.** Front Sight reserves the right to deny training to anyone for any reason. In the event that an application is not accepted, the course fee will be promptly refunded in full.

APPLICANT INFORMATION

Full Legal Name: _____
Date of Birth: _____ Driver's License Number: _____ State: _____
Current Address: _____ City: _____ State: _____ Zip: _____
Occupation: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address (REQUIRED): _____

Person to contact in case of emergency: _____ Relationship: _____
Address: _____ Phone: _____ Alt. Phone: _____
Name as you wish it to appear on your course certificate: _____
List most recent training course with date of attendance: _____

COURSE SELECTION

Please indicate the course you are applying for by writing the appropriate description, length, date, and cost in the section below.

Course Name: _____ Length (1 ~ 5 days): _____

Start Date: _____ Cost (or First Family Course Certificate): _____
(See Course Schedule)

Make check payable to Front Sight Management, Inc. and attach the check or course certificate to the application. You may also pay by credit card.

Credit Card No.: _____ Type (VISA, MC, DISC, AmEx): _____ Exp. Date: _____

Name as it appears on card: _____

For administration purposes, an application must be completed for each course. For those wishing to reserve more than one course at a time, a copy of this application filled out completely for a particular course is acceptable.

CRIMINAL BACKGROUND CHECK

Front Sight requires a criminal background check as part of your application process. A \$50 processing fee, payable to Front Sight, will apply to this service. Please provide a Credit Card number to allow Front Sight to process your application.

Credit Card Number: _____ Type (VISA, MC, DISC, AmEx): _____ Exp. Date: _____

Name as it appears on card: _____

STATEMENT OF NO CRIMINAL RECORD, MENTAL ILLNESS, OR SUBSTANCE ABUSE

By my signature on this application, I state that I have no criminal convictions, am not currently under indictment nor prosecution for any offense, and am not wanted for questioning or arrest by any law enforcement or government agency. I further state that I have no history of mental illness nor substance abuse. I understand that my training may be terminated at any time during the course if my actions are not deemed appropriate by Front Sight's staff. Upon arriving at the course, I agree to sign a document releasing Front Sight Firearms Training Institute from any liability that may occur during the course of training or thereafter. I understand that my tuition is non-refundable without 90 days advance notice of cancellation.

Applicant's Signature: _____ Date: _____

CHARACTER WITNESS STATEMENT

The following Character Witness Statement must be completed and signed by a respected member of the applicant's community who has known the applicant for at least five years and is not a member of the applicant's immediate family.

I, _____, certify that I have known _____ for at least five years and
(Character Witness' Full Legal Name) (Applicant's Full Legal Name)
attest to the good, moral character of the applicant. I have no knowledge of any criminal activity, mental illness, or substance abuse by the applicant. I recommend the applicant for training in the use of deadly weapons without hesitation or reservation.

Character Witness' Signature: _____ Date of Birth: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Home Phone: _____ Work Phone: _____

Front Sight Firearms Training Institute