

FAX COMPLETED FORM TO: (855) 271-0852 or email to [register@frontsight.com](mailto:register@frontsight.com)

**REQUIRED** (Print Legibly):

Full Legal Name of Applicant: \_\_\_\_\_

Phone Number of Applicant: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

What Course are you registering for? \_\_\_\_\_  
(Full name of course)

What Course Date(s) are you registering for? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Use date of first day of course)

**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 \_\_\_\_\_  
Character Witness (full, legal name) Applicant's full, legal name

for at least five years and can 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 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 \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

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

By my signature below, I state that I have no criminal convictions, am not currently under indictment or 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 or 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 Full Name (Print Legibly): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_