

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

REQUIRED (Print Legibly): Note: 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.

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: _____