

# 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: \_\_\_\_\_ CVC (three or four digit code): \_\_\_\_\_

*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: \_\_\_\_\_ CVC (three or four digit code): \_\_\_\_\_

### 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