

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 _____ Drivers License Number _____
Current Address _____ City _____ State _____ Zip Code _____
Occupation _____ Home Phone _____ Work Phone _____

E-mail address

(IMPORTANT ITEM, PLEASE PRINT CLEARLY. Needed for sending your confirmation letter. Please set e-mail filters to allow message reception from: info@frontsight.com)

Person to contact in the event of an emergency _____ Address _____ Phone _____
Name as you wish it to appear on your course certificate _____
List most recent training courses, with dates 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 _____ 1-Day, 2-Day, 3-Day, 4-Day or 5-Day _____ Date _____ Cost _____
(choose one) (see schedule)

Make check payable to Front Sight Management, Inc. and attach to application or write your credit card information in the space provided:

Credit Card Number No. _____ Name as it appears on card _____ Exp. Date _____
(Circle one: VISA, MasterCard, Discover, American Express)

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 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 No. _____ Name as it appears on card _____ Exp. Date _____
(Circle one: VISA, MasterCard, Discover, American Express)

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 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 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
Character Witness full, legal name Applicant's full, legal name
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 _____

Front Sight Firearms Training Institute

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