

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

## Application for Instruction

To be considered for acceptance into Front Sight Firearms Training Institute courses, this application must be filled out completely, including the **Statement of No Criminal Record** and **Character Witness Statement**. Front Sight reserves the right to deny training to anyone for any reason. In the event that an application is not accepted, you will be notified immediately.

### APPLICANT INFORMATION

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Person to contact in the event of an emergency \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
First name as you wished to be called on range \_\_\_\_\_ List most recent training courses, with dates of attendance \_\_\_\_\_

### COURSE SELECTION

Please indicate the course date you are applying for by circling your one of the dates listed below

Course Name ONE-DAY SUBMACHINE GUN COURSE

Dates (Please Circle One) 6/9 6/10 6/11 6/12 6/16 6/17 6/18 6/19 6/24 6/25  
9/16 9/17 9/22 9/23 9/24 9/25 10/7 10/8 10/20 10/21 10/22 10/23  
11/3 11/4 11/5 11/6 11/11 11/12 12/1 12/2 12/3 12/4 12/9 12/10

Cost ~~\$500~~ FREE GUNS & AMMUNITION PROVIDED FREE AS WELL

### 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 liability that may occur during the course of training or thereafter.

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 \_\_\_\_\_

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## Front Sight Firearms Training Institute

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