

**APPLICATION FOR TRAINING**

**Introduction to the Defensive Pistol**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (WORK) \_\_\_\_\_

(HOME) \_\_\_\_\_

(E MAIL) \_\_\_\_\_

CLASS DATE REQUESTED: \_\_\_\_\_

TYPE OF FIREARM (MAKE, MODEL AND CALIBER) YOU WILL BE USING: \_\_\_\_\_

YOUR AGE AND TYPE OF WORK: \_\_\_\_\_

HOW WILL YOU BE PAYING: CLAIM - \_\_\_\_\_

OTHER - \_\_\_\_\_

A DEPOSIT OF \$50 IS REQUIRED TO RESERVE YOUR SEAT IN THE CLASS. NOTIFICATION OF CANCELLATION SEVEN (7) DAYS PRIOR WILL ALLOW YOUR DEPOSIT TO BE REFUNDED. PLEASE SEND IT TO: BOONE COUNTY SHERIFF DEPT., 1905 INDIANAPOLIS AVE., LEBANON, IN 46052 ATT'N CAP'T CAMPBELL

**CREDENTIAL POLICY:**

LAW ENFORCEMENT – ENCLOSE A COPY OF YOUR DEPARTMENT IDENTIFICATION.

NON-LAW ENFORCEMENT – EVIDENCE OF NO CRIMINAL HISTORY FROM A LAW ENFORCEMENT AGENCY AND A STATEMENT OF GOOD CHARACTER FROM A PUBLIC OFFICIAL OF THE APPLICANTS PLACE OF RESIDENCE. A COPY OF YOUR CURRENT VALID INDIANA GUN PERMIT IS ACCEPTABLE.

WE REGRET THE INCONVENIENCE THAT OUR CREDENTIALING POLICY MAY CAUSE OUR APPLICANTS, BUT WE FEEL SURE THAT THEY DO NOT WISH TO SHARE THEIR TRAINING EXPERIENCE WITH PERSONS OF INVERIFIABLE CHARACTER.