

# POLICE SCIENCE INSTITUTE THE RANGE PISTOL CLUB

CCW SIGN-IN SHEET  
(PLEASE CHECK ONE)

DATE OF COURSE \_\_\_\_\_  
[ ] FIRST TIME  
[ ] RENEWAL  
[ ] ADD ON

EXPIRATION DATE: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_  
(COMPLETE ADDRESS PLEASE)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**\*\* PLEASE PRINT LEGIBLY.**

Your certificate will be typed according to the information you present on this form. If this form is not legible and a mistake is made, you may be **charged a fee** for the replacement certificate.

**FIREARMS TO BE LISTED ON THE PERMIT:** (renewals may reference existing permit to minimize errors)

MANUFACTURER	MODEL	SERIAL NUMBER	CALIBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST AGENCY ISSUING YOUR CCW: \_\_\_\_\_

**(WE WILL NOT LIST MORE THAN 4 GUNS ON YOUR CERTIFICATE)**

**FOR STAFF USE:**  
WEAPON INFORMATION VERIFIED BY: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**WEAPON INFORMATION &  
CERTIFICATE VERIFIED**  
\_\_\_\_\_