

POLICE SCIENCE INSTITUTE THE RANGE PISTOL CLUB

CCW SIGN-IN SHEET
(PLEASE CHECK ONE)

DATE OF COURSE: _____

FIRST TIME

RENEWAL ----- EXPIRATION DATE: _____

ADD ON

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:

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**

Class Participant: