

POLICE SCIENCE INSTITUTE THE RANGE PISTOL CLUB

CCW SIGN-IN SHEET

DATE OF COURSE: _____

(PLEASE CHECK ONE)

FIRST TIME

RENEWAL ----- EXPIRATION DATE: _____

ADD ON

FIRST NAME _____ M.I. _____ LAST NAME _____

E-MAIL ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

**** 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: _____

FOR STAFF USE:

WEAPON INFORMATION VERIFIED BY: _____

Special Instructions: _____

**WEAPON INFORMATION &
CERTIFICATE VERIFIED**

Class Participant: