

Concierge Firearm Training Pre-Enrollment Questionnaire for Basic Pistol & CCW

The purpose of this questionnaire is to determine, before enrollment, if you meet CFT's high standards for firearms training. It is our policy that each student must be *legally able to purchase a firearm*, whether or not that is the student's intention. Further, the NRA requires certain information be reported for each student following course completion.

If you are interested in Refuse To Be A Victim, you do not need to complete this questionnaire. Just call or email and we will set up a course for you.

When questionnaire is complete, scan and email to:

doc@conciergefirarms.training

Which course are you interested in taking?

- NRA Basic Pistol Shooting
- NRA CCW Course

Full Name (as you want it to appear on your certificate):

Date of Birth: _____

Mailing Address: (Street) _____

(City) _____ (Zip Code) _____

Telephone Number: (home) _____ (cell) _____

Email address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Best Phone Number: _____

Answer the following questions by circling “Yes” or “No”

Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year? **Yes No**

Have you ever been convicted in any court of a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? **Yes No**

Are you a fugitive from justice? **Yes No**

Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside. **Yes No**

Have you ever been adjudicated as a mental defective or have you ever been committed to a mental institution? **Yes No**

Do you have a physical disability or medical condition that would prevent safe handling and discharge of a firearm? **Yes No**

Have you been discharged from the Armed Forces under dishonorable conditions? **Yes No**

Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? **Yes No**

Have you ever been convicted in any court of a misdemeanor crime of domestic violence? **Yes No**

Are you a citizen of the United States (US-born or naturalized)? **Yes No** If yes, have you ever renounced your United States citizenship? **Yes No**

Are you an alien illegally or unlawfully in the United States? **Yes No**

Do you lawfully own or possess firearm(s)? **Yes No** If yes, what make(s), model(s) and caliber(s)?

If not, do you anticipate acquiring a firearm in the future? If so, what sort of firearm and for what purpose (plinking, self-defense, hunting, competition)?

How do you expect to benefit from the firearms training course of interest?

Is it permissible for Concierge Firearms Training to contact you by:

- Email
- Telephone
- Text Message

I certify that the information on this questionnaire is accurate and complete.

Signature: _____

Date Signed: _____