



**APPLICATION FOR INSTRUCTION**

**Chicago Arms, LLC must receive your completed application with payment in full at least two weeks before your selected course dates.** Chicago Arms reserves the right to deny training to anyone for any reason. In the event that an application is not accepted, the course fee will be promptly refunded in full.

**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ FOID Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_ NRA Member No: \_\_\_\_\_ Gender: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Name as you wish it to appear on your course certificate: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**COURSE SELECTION**

Please indicate the course you are applying for by checking the appropriate description, length, date, and cost in the section below.

- |                          |                           |   |                         |
|--------------------------|---------------------------|---|-------------------------|
| NRA First Steps Pistol   | NRA First Steps Shotgun   | NRA First Steps Rifle                       | NRA Basic Rifle         |
| NRA Basic Pistol         | NRA Basic Shotgun         | NRA Defensive Pistol                        | NRA Home Firearm Safety |
| NRA Range Safety Officer | NRA Refuse to be a Victim | NRA Personal Protection Inside of the Home  |                         |
| Chicago Firearms Permit  | Concealed Carry IL        | NRA Personal Protection Outside of the Home |                         |
| Concealed Carry UT       | Concealed Carry FL        | Concealed Carry AZ                          | CCW Other State         |
| Other Course: _____      |                           | Desired Class Date: _____                   |                         |

**STATEMENT OF NO CRIMINAL RECORD, MENTAL ILLNESS, OR SUBSTANCE ABUSE**

By my signature on this application, I state that I have no criminal convictions, am not currently under indictment or prosecution for any offense, and am not wanted for questioning or arrest by any law enforcement or government agency. I further state that I have no history of mental illness or substance abuse. I understand that my training may be terminated at any time during the course if my actions are not deemed appropriate by Chicago Arm's staff. Upon arriving at the course, I agree to sign a document releasing Chicago Arms, Instructors, and Staff from any liability that may occur during the course of training or thereafter. I understand that my tuition is to hold a space and is non-refundable. I understand that if I fail to attend any portion of the training or do not successfully meet the criteria for graduation that I forfeit the total class fee paid.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_