

Carry Concealed Weapons (C.C.W.) Enrollment Form

Guns Plus :: 16551 North Dysart Road, Surprise AZ 85374
Phone : 623-583-1570 e-mail: info@gunsplusaz.com

Please return this form with your class payment prior to class.

PLEASE PRINT CLEARLY.

Name: _____
(print name as you would like it to appear on your certificate.)

Course Enrolling In: _____ Initial CCW CCW Requalification

Course Date (s): _____

Full Name: _____

Driver's License#: _____

Issuing State: _____ Expiration: _____

Date of Birth: _____ Occupation: _____

Phone #: _____ Cell #: _____

E-Mail Address: _____

Mailing Address: _____

Weapon you plan to use during the training course:

Make: _____ Model: _____ Caliber: _____

Please answer "YES" or "NO" to all questions below.

- Yes No Are you a United States Citizen?
 Yes No Are you lawfully present in the United States?
 Yes No Are you at least 21 years of age?
 Yes No Are you currently under indictment for any felony or have you been convicted of a felony or misdemeanor domestic violence offense in the United States or elsewhere?
 Yes No Were you dishonorably discharged from the military?
 Yes No Do you suffer from a mental illness or have you been adjudicated as mentally incompetent or have you ever been committed to a mental institution?

Signature _____ Date _____

Return completed from with payment to: Guns Plus 16551 N. Dysart Rd. #107 Surprise AZ 85374

Office Use Only

Enrollment Date: _____ Date Paid: _____ Amount Paid: _____