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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Click here to enter text. | | | | | | | |
| Address | Click here to enter text. | | | | | | | |
| City | Click here to enter text. | | | State | State | | Zip | Zip |
| Phone | 000-000-0000 | | | Email | Click here to enter text. | | | |
| DOB | mm/dd/yy | Drivers Lic. # | License No. | | | Issuing State | | State |
| Have you ever been convicted, charged, plead guilty to domestic violence or any other offense as a result of a domestic violence incident? | | | | | | Select Yes or No | | |
| Are you prohibited from carrying a weapon by any state or federal law? | | | | | | Select Yes or No | | |
| Have you ever been adjudicated as drug or alcohol dependent? | | | | | | Select Yes or No | | |
| Do you have any pending warrants for your arrest? | | | | | | Select Yes or No | | |
| Will you be supplying your own weapon for class? | | | | | | Select Yes or No | | |
| Do you wish to be enrolled in the next available class if your requested class is full? | | | | | | Select Yes or No | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class Size | Class Date | Class Time | Cost | Return Form by |
| 15 | January 23 - Saturday | 8am-5pm | 45.00 | January 20th |
| 15 | January 24- Sunday | 8am-5pm | 45.00 | January 20th |
| 15 | February 6- Saturday | 8am-5pm | 45.00 | February 1st |
| 15 | February 20- Saturday | 8am-5pm | 45.00 | February 17th |
| 15 | March 12- Saturday | 8am-5pm | 45.00 | March 9th |
| 15 | March 13- Sunday | 8am-5pm | 45.00 | March 9th |

|  |  |
| --- | --- |
| **Select which class you are enrolling:** | Select your class here |
| **I understand by enrolling in this class that I attest all information is accurate and truthful and that by falsifying any of the information given above I may be subject to criminal charges pursuant to the Ohio Revised Code Section 2921.13-Faslification, and that I have signed a release waiver and indemnity agreement** | |
| **EMAIL REGISTRATION FORM TO** [**ccw@southpointpd.com**](mailto:ccw@southpointpd.com)  **Or by mail: South Point Police Department**  **Attn: Sergeant Abrams/ CCW**  **406 2nd Street West**  **South Point, Ohio 45680** | |
| **PAYMENT** is due at the time of the class. Forms of payment will be Cash, or Money Order ONLY  **Bring the following with you the day of class:**  \*State issued ID  \*Firearm (Please leave in vehicle until requested by the instructor)  \*100 Rounds of Ammunition  \*Hearing and Eye protection  \*Ball cap is recommended | |
| **CERTIFICATES ARE ISSUED AT THE END OF CLASS** | |