

FIREARMS INSTRUCTION REGISTRATION

PLEASE PRINT CLEARLY (Print your name exactly as you would like your completion certificate to be filled out).

NAME: _____
(First) (Middle or MI) (Last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ DATE OF BIRTH: _____

Please rate your firearm experience (with an X):

	None	Some	A Lot
Pistol	_____	_____	_____
Rifle	_____	_____	_____
Shotgun	_____	_____	_____

I understand that firearm SAFETY is always MY responsibility:

_____ Date

FOR INSTRUCTOR ONLY: I affirm that I observed the above captioned student safely handle and discharge a Revolver / Semi-Automatic Pistol / Rifle / Shotgun.

Instructor Signature NRA ID# Date