**Defensive Handgun Preparedness Course**

**Required Information**

**\*Please Print\***

|  |
| --- |
| Emergency |
| Contact Name: |
|  |
|  |
| Emergency |
| Contact Phone #: |

|  |
| --- |
|  |
| Handgun Make: |
|  |
| Model: |
|  |
| Serial #: |
|  |
| Caliber: |
|  |
| Ammunition Used: |

**Also include a copy of one of the following with your registration form:**

* **Wisconsin Photo Driver’s License**
* **Wisconsin Photo Identification Card**
* **Wisconsin Concealed Carry License**
* **Out of State Resident Concealed Carry License**