



GLOCKS-4-Grads Program

LE / Military Purchase Program Eligibility / Credentials Verification Form

PURCHASER: _____

NAME OF ELIGIBLE PERSON: _____

AGENCY / BRANCH: _____ **POSITION / RANK:** _____

Email a copy or scan front (only) of Military / LE ID with this order form.

Please cover the bar code / QR code on ID when copying.

(Must show valid Military /LE ID for either purchaser or gift recipient)

ADDRESS: _____

PHONE #: _____ **DATE:** _____

By submitting the above information I electronically certify that I am eligible to participate in the GLOCKS- 4- GRADS LE / Military program

Typed / Electronic Signature: _____

(To be completed by G4G)

Order #: _____

Date Verified: _____

Comments (as necessary):