

FIREARMS INSTRUCTOR REGISTRATION FORM

PLEASE COMPLETE ALL INFORMATION BELOW
ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

Course Date: _____ Discipline: Pistol Rifle Shotgun RSO

Name: _____
(As it appears on your driver's license)

Date of birth: _____ Sex: M / F Age: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

Phone numbers and best time to be reached:

Home: _____

Cell: _____ Text Capability? Y / N

NRA member: Y / N NRA member# _____

How did you hear about this course? _____

Do you currently hold ratings as an NRA Basic Firearm Training Instructor? Y / N

If yes, which ratings? _____

Why do you wish to become an NRA Certified Instructor?

Where do you plan to conduct the classroom and range portions of you NRA Basic Firearm Training Courses?

Briefly describe any previous teaching experience (shooting and non-shooting related).

Briefly describe your shooting experience with rifles, pistols, and shotguns. List the types of guns you have fired, (e.g., bolt-action rifle, semi-automatic pistol), how long you have been shooting them, how often you shoot them, how many rounds you have fired in the past six months?

What types of activities in which you participate with these guns?

I have read the description of the NRA Instructor Training Program on the previous page, understand its goals, and am interested in attending a course to prepare me to become an NRA Certified Instructor. I am also aware that I can be expelled from this course, without refund, for conduct which the Instructors or staff feels endangers or disrupts the class. Deposits are not refundable if cancellation is less than 5 days prior to class, but may be applied to future courses.

Signature

Date

Training Counselor section

Payment/Deposit \$_____

Payment Method: _____

Balance due at start of class \$_____

State Driver's License info: _____ / _____

State Pistol Permit Info: _____ / _____