COURSE APPLICATION FORM

Course requested:	Course date
Name (As you would like it to appear on your diploma.)	
Address	
City	.StateZIP
Phone (Home)Email	
Preferred method of contact: Email Postal Service P	lace of Employment
Prior Firearms Training	Type of firearm to be used

A Copy of your current Driver's License and

Please check one and provide information requested;

------ I have enclosed evidence of no criminal history (felony conviction) from a local law enforcement agency on official departmental letterhead, and a statement of good character from a local official; i.e. Chief of Police, District Attorney, Judge, etc.

------ I have a copy of my current criminal history from <u>http://records.txdps.state.tx.us/DpsWebsite/index.aspx</u> (selecting 'Review of Personal Criminal History') and must submit it with this Course Application Form. I understand that failure to provide a copy of my criminal history I will not be able to attend the course and will not receive a refund.

------ I have enclosed evidence of current, active, full time service with a public law enforcement agency, with the United States Armed Forces, or with government security agencies. Please enclose a copy of I.D. or appropriate verifiable credential.

----- A copy of a current Concealed Handgun License or Federal Firearms License.

By signing this application, I understand and agree to the following;

- 1. Tac Pro Shooting Center's operation depends upon the careful control of deadly weapons by each student, and such control depends upon the wholehearted cooperation of its clients; therefore, I understand that my instruction may be terminated at any time during the course if the staff deems my cooperation or interpersonal behavior unsatisfactory.
- 2. I will abide meticulously by any and all safety procedures required at Tac Pro Shooting Center, and I agree to sign a statement releasing Tactical Professionals, Inc. from any and all injury I may sustain during the training program.
- 3. I will be at least 18 years of age at the time of class or will be accompanied by my parent or guardian, who will accept full responsibility for my actions.
- 4. I understand my payment is only refundable (less 20% fee) with more than 30 days notice prior to start of class. If I cancel with less than 30 days prior to the first day of my confirmed class, my payment is non-refundable. I also understand that I may move my payment to another class if I am unable to make the class I originally signed up for. If I am unable to attend this class my payment will be non-refundable.
- 5. I understand that Tac Pro Shooting Center offers a 5% discount for cash transactions therefore if I use my credit card, the amount charged will be 5% higher.

Signature.....Date....

Your name as it appears on the card Card NumberExpCVC	3. Fu lease make checks payable to "Tac P nformation. *Please note: There is a		your payment, we need the following
Card Number Exp CVC	our name as it appears on the card		
	ard Number	Exp	CVC
SignatureDate	ignature	Date	
Tac Pro Shooting Centerwww.tacproshootingcenter.comTelephone: (254) 968-3112	e		
35100 North State Hwy 108email@tacproshootingcenter.comFax: (254) 968-5857Mingus, Texas 76463-6405Fax: (254) 968-5857	5	email@tacproshootingcenter.com	Fax: (254) 968-5857

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