

Application for Training Basic Pistol & Alaska Concealed Handgun Permit Class

NAME: _____

Name - as you would like to have on your certificate upon satisfactory completion of the class:

Address: _____

City, State, Zip: _____

Phone #: _____

Alternate Phone #: _____

E-Mail: _____

*Handgun (Make, Model, and caliber): _____

*Ammunition: _____ (No Magnum or steel core ammo)

Are you at least 21 years of age? _____

Is there any reason that legally prohibits you from possessing a firearm? _____

*(In order to make the class more enjoyable for all, and to ensure that you, the shooter, have sufficient ammunition available, we ask for the make and model of your firearm and ammunition used. We have learned through experience that shipments of ammunition are not always timely. We will make ammunition available to purchase if needed or requested two weeks before class date).

A \$150.00 deposit is requested to ensure your slot in the class. The remainder is due upon arrival to the class. The deposit is non-refundable and non-transferable. Please enclose or provide a check or money order. We can accept credit cards if you stop by Taku Tactical during our business hours.

Class Date is _____ and _____ 8am to 5 pm both days with a one hour lunch break each day.

Please return completed application, waiver and deposit two weeks prior to class date.