

NewarkCCW.com

CONCEALED CARRY CLASS REGISTRATION FORM – NRA Basic Pistol

(Please Print Clearly)

DATE _____ DRIVERS LICENSE # _____ AGE _____
FULL LEGAL NAME _____ DATE OF BIRTH _____ SEX _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ OTHER PHONE _____
EMAIL ADDRESS _____ NRA NUMBER _____

I understand that providing my Email Address will add me to the mailing list so that I may receive updates on the law, reciprocity/ recognition and legislative bills and any other information pertaining to training or concealed carry laws.

I, the undersigned, have read, understand and signed the class instruction sheet. I agree to all safety procedures required by NewarkCCW, LLC. I further agree to sign a statement releasing NewarkCCW,LLC and all of it’s agents of any and all responsibility for any injury that I may sustain during the course. I certify that I am at least 21 years of age. I understand this is a concealed carry permit qualification class and not a course to teach the operations of firearms. **I understand that class fees are non-refundable.** I understand there are no checks accepted day of class. I certify that the statements I have made above are true and correct and I agree to all terms and conditions of this class as stated on this registration form and on the class instruction sheet.

Signature

Date