



Santa Rosa County Sheriff's Office
Sheriff Wendell Hall

CITIZEN'S FIREARMS SAFETY COURSE

Date of Application: _____

Name: _____ DOB: _____

Race: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Driver's License Number: _____ State: _____

Why do you wish to attend the Citizen's Firearms Safety Course?

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

I agree to the Santa Rosa County Sheriff's Office performing a criminal record check on me for the purpose of attending this class. I understand that the criminal history will be destroyed after it has been reviewed.

Signature

Printed Name

Date

Please return application to:

Sheryl Kelley
Training
P.O. Box 7129
Milton, FL 32571
(850) 983-1234