

OCSO CITIZEN'S FIREARMS ACADEMY
Application for Enrollment

PLEASE USE INK & PRINT CLEARLY:

Full name: _____ Race: _____

Other aliases, nickname(s) &/or maiden name: _____

Social Security #: _____ Date of Birth: _____

Driver License #: _____ E-mail: _____

Current Address: _____

Home phone #: _____ Mobile #: _____

Last Prior Address: _____

Current Place of Employment: _____

Job Title: _____ Bus. Phone: _____ How long at this Job? _____

Have you ever been arrested for anything (excluding traffic infractions) _____ If yes, when? _____

Please provide brief explanation of charges & circumstances: _____

CLASS DATE OF INTEREST: _____

Please list 3 personal references: (name, address, phone number & years known)

By signing below, I give permission for the Okaloosa County SO to conduct a criminal history check on me.

Signature of Applicant

Date

Office use only: DATE RECEIVED _____ Placement confirmed _____ Class date _____ Initials _____