

OCSO CITIZEN'S FIREARMS ACADEMY

Application for Enrollment

PLEASE USE INK & PRINT CLEARLY:

Full name: _____ **DOB:** _____ **Race:** _____

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

Social Security #: _____ **Date of Birth:** _____

Driver License #: _____ **E-mail:** _____

Current Address: _____

Home phone #: _____ **Mobile #:** _____

Preferred Method of Contact: _____

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: _____

Do you currently hold a concealed weapons permit? _____ If yes, from what state? _____

Do you serve or have you previously served in any branch of the United States Armed Forces? _____

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 _____