

Trinity Training & Consultants Inc.

Concealed Weapons Class Registration

Fill out the registration form completely, save, and send it to TrinityTraining352@gmail.com

By completing this registration form I agree that I have read, understood, and agreed to the [Cancellation & Refund Policy](#) of Trinity Training & Consultants Inc.

FULL NAME

Print or type your name EXACTLY as you would like it to appear on your completion certificate

First Name

Last Name

Title

Suffix

ADDRESS

Street Address 1

Street Address 2

City

State

Zip Code

Country

E-Mail Address

Phone Number

COURSE DATE

MM/DD/YYYY

EXPERIENCE

Print rate your experience

Pistol

Rifle

Shotgun

I understand that firearm SAFETY is always MY responsibility. I attest that I am not prohibited from owning or possessing a firearm by any Federal, State, or Municipal law.

Signed By:

MM/DD/YYYY

Please accept the above as my electronic signature

FOR INSTRUCTOR ONLY:

I attest that I observe the above captioned student safely load and discharge a:

Revolver

Semi Automatic Pistol

Shotgun

Rifle

Signed By:

MM/DD/YYYY

Please accept the above as my electronic signature