

ADVANTAGE PERSONAL DEFENSE & TACTICS

California Concealed Weapons Carry Course Student Registration Information

Date of Course: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Business Phone: _____

Email Address: _____

Occupation: _____

Photo Identification Type: _____ Number: _____
(Driver License or Passport)

Expiration Date: _____

Handgun (Make/Model) to be used as "carry firearm"

Make: _____ Model: _____ Caliber: _____

Make: _____ Model: _____ Caliber: _____

Make: _____ Model: _____ Caliber: _____

Is this permit application a renewal or initial? Renewal Initial

Student's Signature: _____

-----*Instructors to complete below this line*-----

Participating Instructor(s) Ian McKnight

Student Pass? Yes No