



Hunting and Shooting Related Consultants, LLC

Concealed Carry Firearms Safety Training Course Signup

Legal First Name: _____ Full Middle Name: _____ Legal Last Name: _____

Home Address: _____

New York County of Residence: _____

City, State, Zip: _____

Email: _____ Phone: _____

Gender: Male. Female

Date of Birth: _____ (mm/dd/yyyy)

Firearms Experience: Hunting LEO Military Other

Payment: Cash - _____ . Check - _____ . Date: _____ .

Range Score: _____

Test Score: _____