



Charlotte County Sheriff's Office Civilian Handgun Safety

TYPE OR PRINT LEGIBLY – USE CAPITAL LETTERS – USE BLACK OR BLUE INK ONLY

		DATE (MM/DD/YYYY)	
LEGAL NAME: (Last, First, Middle)		CONTACT TELEPHONE NUMBER () -	
RESIDENCE ADDRESS: (Street # and name including apartment / lot #)	CITY	STATE	ZIP CODE
MAILING ADDRESS: (If different from above)	CITY	STATE	ZIP CODE
DRIVER'S LICENSE NO.	DATE OF BIRTH (MM/DD/YYYY)		
EMAIL ADDRESS:			

INFORMATION TO BE COMPLETED BY INSTRUCTOR			
NAME OF TRAINING FACILITY Charlotte County Sheriff's Office Range			
ADDRESS 25520 Airport Road	CITY Punta Gorda	STATE FL	ZIP CODE 33982
FCIC LICENSE CHECK COMPLETED (MM/DD/YYYY)	APPROVED TO ATTEND TRAINING <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPLICANT CONTACTED TO SCHEDULE (MM/DD/YYYY)	INSTRUCTOR CONDUCTING TRAINING:		
SCHEDULED TRAINING DATE (MM/DD/YYYY)	INSTRUCTOR EXPIRATION DATE (MM/DD/YYYY)		
NOTES:			

I SWEAR OR AFFIRM THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE:

APPLICANT'S SIGNATURE:

DATE:

Documents that must be provided at the time of application submission.

- A photographic driver's license or identification card issued by the State.

Upon submission of this completed application, a criminal history will be run on your behalf. Once your application is approved, we will contact you to schedule you for an upcoming training class.