



# GOLD COUNTRY FIREARMS

P.O. Box 1906  
Jackson, CA 95642  
(209) 223-0000  
www.gcfguns.com

## COURSE REGISTRATION

COURSE SELECTION

COURSE DATE:

Issuing State:

Issuing Agency:

County of Residence:

Military / Law Enforcement

NAME: LAST, First, Mi.

DOB:

AGE:

DL No.:

ADDRESS - Physical:

ADDRESS - Mailing

PHONE:

Home:

Cell:

Work:

E-Mail Address

**Emergency Contact:** Name, address, phone & relation.

Shooting Experience: My handgun of choice is:

The handgun(s) I will use to qualify with is/are: **NOTE:** 2 handgun limit.

I declare under penalty of perjury that all statements made by me on this Course Registration are true and correct. I declare that I am not addicted to alcohol and/or the use of any narcotic drug. I further declare I have never been in a mental institution and/or treated for a mental illness and I am also familiar with the prohibiting offenses that would preclude me from owning and/or possessing a firearm.

Signature: \_\_\_\_\_

Date:

Mail advance registration with check payable to: **Joe Dirickx**, P.O. Box 1906, Jackson, CA 95642

**NO firearms are allowed in the classroom, leave ALL firearms properly secured in your vehicle.**