

# HENDRY COUNTY SHERIFF'S OFFICE

## Civilian Firearms Safety Course Application

(Please print legibly. Incomplete applications will be returned)

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

SS#: \_\_\_\_\_ FL Driver's License #: \_\_\_\_\_

Date of the Civilian Class you wish to attend: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Do you consent to a Law Enforcement Background Check to verify eligibility? Yes \_\_\_ No \_\_\_

Have you ever been arrested? Yes \_\_\_ No \_\_\_

If yes, state when and where and explain: (Florida State Statutes 943.0585 and 943.059 requires that you must disclose any sealed or expunged record when applying to take the Civilian Firearms Safety Course).

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Medical conditions which may affect shooting: \_\_\_\_\_

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Why do you want to attend this course? \_\_\_\_\_

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**Attach a copy of Driver's License or ID Card to this Application**

### Possible reasons for Ineligibility:

- The physical inability to handle a firearm safely.
- A Felony Conviction (unless civil and firearm rights have been restored by the convicting authority).
- Having adjudication withheld or sentence suspended on a felony or misdemeanor crime of violence unless three years have elapsed since probation or other conditions set by the court have been fulfilled.
- A **conviction** for a misdemeanor crime of violence in the last three years.

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- A **conviction** for violation of controlled substance laws or multiple arrests for such offenses.
- A record of drug or alcohol abuse.
- Two or more DUI convictions within the previous three years.
- Being committed to a mental institution or adjudged incompetent or mentally defective.
- Having been issued a Domestic Violence Injunction or an injunction against repeat violence that is currently in force.
- Renouncement of U.S. citizenship.
- A dishonorable discharge from the armed forces.
- Being a fugitive from justice.

### **Release of Liability and Authorization of Background Check:**

I understand that training with firearms pose certain inherit dangers. I agree to hold harmless the Hendry County Sheriff's Office and their designated Firearms Trainers from all liability that may result from my actions on the range or participation in this training class.

I furthermore grant my permission for the Hendry County Sheriff's Office to conduct a general criminal background check to ensure my eligibility to participate in this Basic Firearms Safety and Training Course.

By signing below, you do swear and affirm all information to be correct. You also agree to the above statements regarding liability and background investigation.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Agency Witness

\_\_\_\_\_

Date

For Administrative/ Official Use Only

**Warrant Check**

\_\_\_\_/\_\_\_\_

**Date/Initials**

**Criminal History**

\_\_\_\_/\_\_\_\_

**Date/ Initials**