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Name \_\_\_\_\_ Name You go by \_\_\_\_\_  
 Address \_\_\_\_\_ Apt./ \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ +4 \_\_\_\_\_  
 Telephone (Main) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_  
 Type of Primary Weapon (with caliber size) \_\_\_\_\_  
 Secondary Weapon (if applicable for course) \_\_\_\_\_

Check the course requested:

- |   |  |                                      |                                |
|---|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Kentucky CCDW Regular    | <input type="checkbox"/> Pistol I                | <input type="checkbox"/> Carbine I   | <input type="checkbox"/> Other |
| <input type="checkbox"/> Kentucky CCDW Instructor | <input type="checkbox"/> Pistol II               | <input type="checkbox"/> Carbine II  |                                |
| <input type="checkbox"/> Safety on the Range      | <input type="checkbox"/> Pistol III              | <input type="checkbox"/> Shotgun     |                                |
| <input type="checkbox"/> Home Defense Planning    | <input type="checkbox"/> Women's Intro to Pistol | <input type="checkbox"/> AK Operator |                                |

Course Date: \_\_\_\_\_ (see website for dates)

Do you need ammunition? Yes \_\_\_ No \_\_\_ Rent a Weapon? Yes \_\_\_ No \_\_\_ (Additional Charge for Ammo/Weapon. (Not available for CCDW Course))

Check The Following...

- \_\_\_ Enclosed a copy of my CCDW (If not attending a CCDW class)  
 or a letter of good standing (Local Law Enforcement Agency, doctor, or lawyer)  
 \_\_\_ or Enclosed a letter or identification card certifying your in the U.S. Military/ Law Enforcement Agency  
 \_\_\_ or I have attended a Threat Solutions course prior to applying for this course \_\_\_\_\_ (Date of Course)  
 \_\_\_ or I have been pre-approved by a Threat Solutions Instructor

Name of Instructor \_\_\_\_\_

- \_\_\_ Enclosed my signed copy of the Threat Solutions Waiver Agreement  
 (found on the website or can be emailed to you)

By Signing Below, I understand and agree to the following:

I must positively identify myself at the time of the course requested. I will adhere to all safety precautions outlined to me prior to the beginning of the course and I understand that my actions during the course I am attending is deemed unsatisfactory by any Threat Solutions instructor, I can be expelled from further instruction during the course or any future Threat Solutions courses. I also understand that if the class is cancelled, my deposit is fully refundable. If I cancel with less than 60 days, Your deposit is not refundable. Also I understand that all ammunition and remaining fees are due prior to the course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment Cash (preapproval required)

\_\_\_ Check \_\_\_ Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_