



## CSAT APPLICATION FOR TRAINING

\*\*\*\*Current Law Enforcement is not required to fill out an application.

COURSE: \_\_\_\_\_

COURSE DATES: \_\_\_\_\_

NAME: \_\_\_\_\_ (FOR CERTIFICATE)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: (HOME or CELL) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

M \_\_\_ F \_\_\_ DOB: \_\_\_\_\_ R OR L HANDED: \_\_\_\_\_

PRIMARY: \_\_\_\_\_

BACK-UP: \_\_\_\_\_

NEED WEAPON: \_\_\_\_\_

### PLEASE CHECK ONE AND PROVIDE INFORMATION REQUESTED:

\_\_\_\_\_ I have enclosed a copy of:

- my driver's license
- copy of my CCW permit
- If no CCW, a statement of no criminal history from a law enforcement agency.

**BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING:**

Please initial:

\_\_\_\_\_ That the information/credentials provided above meet the requirements outlined by CSAT and that I may be required to positively identify myself as the same person at time of course attendance.

\_\_\_\_\_ That I agree to abide by all safety procedures required by CSAT.

\_\_\_\_\_ That CSAT's business depends on the safe control of deadly weapons by each student and if my conduct is not deemed safe by an instructor, my instruction may be terminated at any time without a refund of any monies.

\_\_\_\_\_ That I will be 18 years of age at the time of the class or accompanied by a parent or guardian.

\_\_\_\_\_ That I will sign a release of liability when reporting for the course.

\_\_\_\_\_ **CANCELLATION POLICY:** I understand that if the class is cancelled, my full deposit will be refunded or the deposit can be applied to another class. If I cancel more than 30 days prior to the class, my deposit will be fully refunded. Cancellation within 30 days of the class, CSAT will determine if the refund is appropriate.

**Finally, I affirm that I can legally own, use and possess a firearm in the United States of America.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print, complete and mail, e-mail or fax this form,  
appropriate information requested to :**

**Paul Howe**

**298 CR 2131**

**Nacogdoches, TX 75965**

**Make checks payable to CSAT**