

# Guns Plus

Security Enforcement Services, Inc

16551 North Dysart Road, #112

Surprise, AZ 85378

(623) 583-1570

## CARRY CONCEALED WEAPONS (C.C.W.) – ENROLLMENT FORM

PLEASE **RETURN** THIS FORM WITH PAYMENT **PRIOR TO CLASS**  
PLEASE PRINT CLEARLY

**NAME:** \_\_\_\_\_

(As you would like it to appear on your certificate)

Course Enrolling in: \_\_\_\_\_ **Initial CCW** \_\_\_\_\_ **CCW Refresher**

Course Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Alt Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of ID: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Firearm you plan to use during this training course:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Please answer "Yes" or "No" to all questions below:

- |         |        |  |
|---------|--------|--|
| ___ Yes | ___ No | Are you a United States citizen?   |
| ___ Yes | ___ No | Are you at least 21 years of age?  |
| ___ Yes | ___ No | Are you an Alien admitted to the US as a lawful permanent residence?                         |
| ___ Yes | ___ No | Are you under indictment, convicted or adjudicated delinquent of a felony?                   |
| ___ Yes | ___ No | Are you an unlawful user of, or addicted to, any controlled substances?                      |
| ___ Yes | ___ No | Are you currently under indictment or convicted of a misdemeanor crime of domestic violence? |
| ___ Yes | ___ No | Were you dishonorably discharged from the military?  |
| ___ Yes | ___ No | Have you been adjudicated as mentally incompetent or committed to a mental institution?      |

\_\_\_\_\_ (Initial) I must cancel/reschedule 48 hours in advance. If I fail to do so, I forfeit my payment.

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

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### For Office Use Only

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Letter Provided: \_\_\_\_\_ Enrollment Entered: \_\_\_\_\_