



EAGLE EYE USA CCW REGISTRATION FORM

FULL NAME _____

DATE OF BIRTH _____

PHYSICAL ADDRESS _____

COUNTY OF RESIDENCE _____

PHONE NUMBER (____) _____ - _____

EMERGENCY CONTACT NAME _____

CONTACT'S PHONE NUMBER (____) _____ - _____

CAN YOU LAWFULLY OWN, USE, POSSESS, AND PURCHASE A FIREARM? YES NO

ARE YOU ABLE TO PROVIDE YOUR OWN HANDGUN/REVOLVER? YES NO

ARE YOU ABLE TO PROVIDE 50 RDS OF AMMUNITION, IF APPLICABLE? YES NO

DISCLAIMER: NO REFUNDS WILL BE PROVIDED AFTER PURCHASE DATE. RESCHEDULE REQUEST(S) MUST BE PROVIDED WITHIN 5 DAYS OF CLASS DATE. NO RESCHEDULING OF CLASS DATE(S), BEYOND THE SECOND RECHEDULE, WILL BE ALLOWED UNLESS PROOF IS PROVIDED OF EXTENUATING CIRCUMSTANCE (I.E. SEVERE ILLNESS, INJURY/DEATH OF FAMILY MEMBER, ETC. AT EAGLE EYE USA'S DISCRETION). NO REFUNDS/RESCHEDULES WILL BE PROVIDED IF STUDENT IS ASKED TO LEAVE CLASS FOR A SAFETY VIOLATION OR DISRUPTION OF OTHER STUDENT'S COURSE EXPERIENCE. EAGLE EYE USA LLC WILL NOT BE HELD LIABLE, AND OFFERS NO GUARANTEE, EXPRESSED OR IMPLIED, FOR ANY AND ALL DAMAGES OR INJURIES INCURRED AS A RESULT OF IMPROPER/ILLEGAL ACTIVITY BY STUDENT. THE UNDERSIGNED HEREBY AGREES TO ALL TERMS LISTED.

CUSTOMER SIGNATURE / DATE _____ / ____/____

EMPLOYEE INITIALS / DATE _____ / ____/____

****AFFIX COPY OF PURCHASE RECEIPT, AND ANY ADDITIONAL INFORMATION****

INITIAL CLASS DATE INITIALS/DATE _____

FIRST RECHEDULE (IF APPLICABLE) INITIALS/DATE _____

SECOND (FINAL) RECHEDULE (IF APPLICABLE) INITIALS/DATE _____