



Santa Rosa County Sheriff's Office  
Sheriff Wendell Hall

Citizen's Firearms Safety Course  
Application



Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
*(As Appears on Driver License)*

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

Contact Phone Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License Number / State: \_\_\_\_\_ Email: \_\_\_\_\_

I agree to the Santa Rosa County Sheriff's Office performing a criminal record check on me for the purpose of attending this class. I understand the criminal history will be destroyed after it has been reviewed.

\_\_\_\_\_  
Signature Printed Name Date

*(Do Not Write Below This Line / For Office Use Only)*

**Criminal Records Check**

**NCIC/FCIC:**

Criminal History: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Local Check:**

Criminal History: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Warrants Check:**

Warrants: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Official Conducting Check: \_\_\_\_\_ Date: \_\_\_\_\_

Signature / ID Number

Remarks by official conducting check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If this individual has any felony charges or convictions, please forward criminal history to the Training Coordinator*

**Authorization**

Person May \_\_\_\_\_, May Not \_\_\_\_\_ attend class;

\_\_\_\_\_  
Authorized Signature Title Date