



CTA Firearms Experience, Safety & General Questionnaire

This form Must be filled out by each Student Prior to taking their 1st Course with CTA

All information supplied will be kept strictly confidential, not distributed or made available to others for any purpose, and is for the sole use by CALL TO ARMS to properly identify the user, and to document their previous firearm experience. This is required to ensure your safety and the safety of all students.

Name _____

Home Address _____ City _____ State _____

Zip _____ Home Phone _____ Email _____

Occupation _____ Title _____ DOB _____

Employer _____

Work Address _____ City _____ State _____

Emergency Contact _____ Contact Phone _____

Which Courses do you plan to take? _____

Do you plan to bring your own firearm for this course? Yes No Make/Caliber _____

Do you currently have a concealed carry permit? Yes No

Are you an NRA Member? Yes No If Yes, NRA Membership Number _____

I would rate my previous experience with firearms as (please circle those applicable):

Handgun: Novice Beginner Intermediate Expert

Rifle: Novice Beginner Intermediate Expert

Shotgun: Novice Beginner Intermediate Expert

Have you ever been adjudicated as mentally defective, been committed to a mental institution, or have a history of mental illness? Yes No

Are you a user of, or addicted to, marijuana, or any depressant, stimulant or narcotic drug, or any other controlled substance? Yes No

Are you now charged or have you ever been convicted of a crime punishable by imprisonment for more than one year? Yes No

Are you currently restricted from possessing, using, controlling, selling or transferring a firearm because of an active Protection from Abuse order? Yes No

Are you a citizen of the United States? Yes No

If No, Country of Citizenship? _____ Immigration ID# _____

Is there ANY LEGAL reason why you cannot own or use a firearm? Yes No

I agree to be held financially responsible for any knowingly willful act of destruction of either CTA property or property used for instruction. I affirm that the responses to all questions on this form are true and accurate.

Signature _____ Date _____