

SAFTI
P. O. Box 22073
St. Louis, MO 63126

<http://www.safti-training.com>

**License to Carry
Training Course Application**



Please Print Or Type All Information

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Evening Phone: _____

Email: _____

Date of Birth: / / _____

Any Special Needs or Physical Limitations? _____

Pistol Shooting Experience (Please Check One)

None:
Limited:
Experienced:

First Choice Class Date: / / _____

Second Choice Class Date: / / _____

Your signature on this application is considered proof of your acceptance of the following terms and conditions:

- 1.) I agree to sign a statement releasing SAFTI and its trainers of any responsibility for any injury that I may sustain during this course.
- 2.) I certify that I am: at least 23 years of age, a resident of Missouri, a law abiding citizen without a felony record, and that I may legally use and possess firearms.
- 3.) I understand and agree that the safety of the class depends upon my complete compliance with all firearm safety rules and that I will abide by all such rules. I understand that my participation may be terminated, without refund, if I do not conduct myself in a safe and responsible manner.

Signature: _____

Date: / / _____

Class Fees are \$175.00

Please mail your check, made out to Michael Meyer, along with this application. You will be notified of receipt of application, payment, and class seat confirmation. Applications with payment will receive priority consideration over those received without payment.

If using your own firearm, ensure you have 100 rounds of factory loaded ammunition available.