



**Augusta University Police Department
CITIZENS FIREARMS CLASS APPLICATION**

PLEASE TYPE OR PRINT

Name _____ E-Mail Address _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____ Other (____) _____

Date of Birth ____/____/____ Place of Birth _____

Social Security # _____ State of License _____ Gender _____

Occupation _____ Employer _____

Address _____ Job Title _____

How did you first hear about the Citizens Firearms Class?

Why do you wish to attend the Citizens Firearms Class?

Are you related to anyone working with the Augusta University Police Department?

Yes No If yes who? _____

Have you ever been arrested or convicted of a crime?

Yes No If yes, give details _____

Firearms classes will be scheduled on Saturdays on an as needed basis from 9:00 a.m. until 5:00 p.m.

I understand that the information on this form will be used by the Augusta University Police Department to conduct a background check on me.

Applicant signature _____ Date _____