

Final Option Inc.
2003
Individual Training Application
Please Print

Course Requested _____
Course Dates _____

Name: _____ Age _____
Title/Rank _____
Address: _____ City: _____
State: _____ Zip: _____

Please circle one: Active duty Military / Police / Federal Agent / Civilian /
Private Security / Other _____
Name of Agency: _____

Telephone- Home: () _____ Work: () _____
Fax: () _____ E Mail: () _____

Prior Firearms Training? Yes / No
Where _____

List what weapons you will be using:
Handgun: _____ Caliber : _____ Rifle: _____
Caliber: _____
Shotgun: _____ Gauge: _____

Payment Method
(Circle one) Check / Visa / MC
Name as it appears on the card _____
Card Number: _____ Exp. Date ____ of ____

A deposit of 50% of class tuition is required to reserve you class slot unless otherwise
arranged with Final Option, Inc.

Please check one and provide proof of information requested.

____ I have enclosed evidence of no criminal history from a local law enforcement agency, Judge or County/City attorney on official departmental letterhead.

____ I have enclosed evidence of current, active, full-time service with a public law enforcement agency, military or government security agency. Please enclose a copy of I.D. or appropriate verifiable credentials.

____ I have enclosed a copy of a current concealed carry permit or federal firearms license or current permit to purchase with a copy of my valid state identification.

By signing this application, I understand and agree to the following:

1. Final Option, Inc. depends upon the safe handling and operation of all firearms by every student. I understand that my instruction may be terminated at any time if the instructor or staff deems that my attitude, personal behavior or overall safety is unsatisfactory.
2. I have no criminal convictions, I am not currently under indictment or prosecution for any offense, I am not wanted for questioning or arrest by any law enforcement or government agency. I have no history of mental illness or substance abuse and I have not been convicted of domestic abuse.
3. I will obey and follow all safety procedures required as set forth by Final Option Inc. and it's instructors. I also agree to sign a statement releasing Final Option, Inc. from any liability and all injuries I may sustain during the training program.
4. I am at least 18 years of age at the time of class.
5. I understand that my deposit is only refundable with more than 60 days notice prior to the start of the course. If I cancel with less than 60 days notice of my confirmed class, my deposit may be non-refundable.
6. I will obey all applicable local, state and federal laws during my training with Final Option, Inc.

*Please Sign _____ Date _____ 2003

Please print, complete and sign the application, enclosing proof of proper credentials and a 50% deposit and mail or fax to the below address.

Please make checks payable to Final Option, Inc.

Final Option, Inc.
260 222 Lane NW
Oak Grove, MN 55011

Phone/Fax
763-413-2395

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