



Local: (559) 217-1124 Fax: (559) 292-2289

Please Print Legibly and Return Via Fax or Mail.

Date: _____ Referred By (Name & Company): _____

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Date of Birth: _____ Driver's License #: _____

Course: _____ Course Dates: _____ Tuition: _____

Equipment Rental: Yes / No If yes: Left handed / Right handed

Special Assistance/Limited Mobility Accommodations: _____

Background Authorization

Defensive Firearms Training, Inc., requires and performs a criminal background investigation prior to your participation in the courses. This report will be valid for one year from the investigation date. The background check fee is \$25 and is not included in course tuition.

I authorize DFT to obtain a background check on me. Sign: _____ Date: _____

Amount Due:		Payment Method: Cash or Check only
Tuition:	\$ _____	Check #: _____
Equipment Rental:	\$ _____	
Background Investigation:	\$ _____	
Total:	\$ _____	

If mailing, please send to: Defensive Firearms Training, Inc., 10332 North Page Ave, Fresno, CA 93730