

CSAT APPLICATION FOR TRAINING

****Current Law Enforcement is not required to fill out an application.

COURSE:		
		(FOR CERTIFICATE)
ADDRESS:		
		ZIP CODE
PHONE: (HOME or C	CELL)	
PROFESSION:		
		HANDED:
PRIMARY:		
BACK-UP:		
		RMATION REQUESTED:
		AMATION REQUESTED.
I have enclosed		
• my driver's lice		
• copy of my CC	N permit	
 If no CCW, a st 	atement of no criminal his	story from a law enforcement

agency.

BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING:

Please initial:	
That the information/credentials provided above meet the requirements outline	d by
CSAT and that I may be required to positively identify myself as the same person at t	ime
of course attendance.	
That I agree to abide by all safety procedures required by CSAT.	
That CSAT's business depends on the safe control of deadly weapons by each	
student and if my conduct is not deemed safe by an instructor, my instruction may be	
terminated at any time without a refund of any monies.	
That I will be 18 years of age at the time of the class or accompanied by a pare	nt
or guardian.	
That I will sign a release of liability when reporting for the course.	
CANCELLATION POLICY: I understand that if the class is cancelled, my	full
deposit will be refunded or the deposit can be applied to another class. If I cancel mo	re
than 30 days prior to the class, my deposit will be fully refunded. Cancellation within	ı 30
days of the class, CSAT will determine if the refund is appropriate.	
Finally, I affirm that I can legally own, use and possess a firearm in the United	
States of America.	
Signatura: Data:	

Please print, complete and mail, e-mail or fax this form, appropriate information requested to:

Paul Howe 298 CR 2131 Nacogdoches, TX 75965

Make checks payable to CSAT