

PRI: PERSONAL RESPONSIBILITY, INC.



To sign up for a PRI course, call PRI at (615) 726-8646 to request a course application form or print out the following and return it to PRI with all required attachments. You may e-mail us at staff@prifirearmstraining.com or johnmlbrown@aol.com. Our fax number is (615) 242-6502.

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____

DRIVER'S LICENSE: (ST.) _____ (#) _____

COURSE NAME: _____

COURSE DATE: _____

FIREARM TO BE USED IN CLASS: _____

PRIOR FIREARMS TRAINING: _____

DO YOU HAVE ANY CRIMINAL CONVICTIONS OR PENDING CHARGES FOR ANY FELONY, OR FOR ANY MISDEMEANOR OFFENSE INVOLVING STALKING OR DOMESTIC VIOLENCE? IF SO, PLEASE DESCRIBE IN DETAIL. _____

HOW DID YOU FIND OUT ABOUT PRI? _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THE APPLICATION AS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE _____

DATE: _____

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IF YOU WANT TO TAKE THE CARRY PERMIT COURSE, PLEASE ENCLOSE YOUR CHECK FOR \$95.00 WITH THIS APPLICATION. FOR OTHER COURSES YOU MAY SEND A CHECK FOR THE FULL COST OF THE COURSE (LESS ANY [DISCOUNT](#)) OR A CHECK FOR \$125.00 AS A DEPOSIT, WITH THE BALANCE DUE ON THE FIRST DAY OF CLASS. AS AN ALTERNATIVE, YOU CAN PAY BY CREDIT CARD. YOU CANNOT BE INCLUDED ON A CLASS ROSTER UNTIL WE HAVE RECEIVED YOUR FULL PAYMENT OR DEPOSIT. (NOTE: IF YOU CANCEL SEVEN DAYS OR MORE PRIOR TO CLASS, YOUR DEPOSIT MAY BE ROLLED OVER AND USED FOR A LATER CLASS OR IT MAY BE REFUNDED IN FULL. IF YOU CANCEL FEWER THAN SEVEN DAYS PRIOR TO CLASS, THE DEPOSIT MAY ONLY BE ROLLED OVER FOR A FUTURE CLASS. IF YOU DO NOT CANCEL AND DO NOT SHOW UP FOR CLASS, YOUR DEPOSIT IS FORFEITED.)

CHECK ENCLOSED? _____ AMOUNT? _____

CREDIT CARD? _____ WHAT CARD? _____

ACCOUNT #: _____

EXP. DATE: _____

CARDHOLDER SIGNATURE _____

PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE, STATE HANDGUN CARRY PERMIT, OR MILITARY OR LAW ENFORCEMENT CREDENTIALS.