

## **Citizen Defense & Training Group Student Course Application**

Type or Print in Ink

### **SECTION I: STUDENT INFORMATION**

Name of Applicant: \_\_\_\_\_

Last First MI

County of \_\_\_\_\_

Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_  
MONTH / YEAR only

Current Ohio

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **SECTION II: Select Course Type:**

Initial Training

( ) Conceal Carry Course \$85 Date: \_\_\_\_\_ (8:00 am to 4:30 pm)

Classroom Location:

Little Flock Church  
1149 County Road 30A  
Ashland, OH 44805

**Total Cost / Fee Enclosed:** \_\_\_\_\_ **Mail Application and payment to: Citizen Defense, PO Box 202, Ashland, Ohio 44805-0202**

This application will not be processed, and the student will not be admitted in to the class unless payment is received in full for the course via check, money order, or cash (do not mail cash) in the amount of the applicable course fee. There is a \$35 fee for any returned checks. PayPal is available, however, students are responsible for all fee's associated with a credit card or PayPal invoice. Contact us for details and payment options if paying by credit card. For more details on our refund policy, please see the Student Handbook, posted at our website: [www.citizendefense.us](http://www.citizendefense.us).

**Class #/Date:** TBD email: [citizendefense@ymail.com](mailto:citizendefense@ymail.com) for course availability for 2018

If a class is full, you will be put in to the next available class and notified by email. Classes are filled on a first come, first serve basis on all paid applications. More classes may be scheduled at our discretion to accommodate need and volume of requests for training.

### **SECTION III: STUDENT ACKNOWLEDGMENT**

- (1) I desire a legal means to carry a concealed handgun for defense of myself or a member of my family while engaged in lawful activity; (or), I have a current and valid CCW License, and seek to obtain further training from Citizen Defense & Training Group.
- (2) I have never been convicted of or pleaded guilty to a crime of violence in the state of Ohio or elsewhere (if you have been convicted of or pleaded guilty to such a crime, but the records of that conviction or guilty plea have been sealed or expunged by court order or a court has granted relief pursuant to ORC 2923.14 from the disability imposed pursuant to ORC 2923.13 relative to that conviction or guilty plea, you may treat the conviction or guilty plea for purposes of this paragraph as if it never had occurred); and, I meet or continue to meet the requirements to carry a concealed weapon, pursuant to Ohio Revised Code section 2923.125.
- (3) I am of sound mind. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to penalties prescribed by law.
- (4) The information contained in this application and all attached documents is true and correct and I have not knowingly made any false statements to obtain training from Citizen Defense & Training Group.
- (5) I am requesting to attend this training of my own free will and participate at my own risk.
- (6) I have read and fully understand the Student Handbook as viewed on the Citizen Defense website and I will comply with all parts therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_