

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 Course \$85 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. For more details on our refund policy, please see the Student Handbook, posted at our website: www.defense4you.us

- SELECT which Course Date you plan to attend (pick only 1):**
- _____ Saturday, August 8th, 2020
 - _____ Saturday, August 29th, 2020
 - _____ Saturday, September 19th, 2020
 - _____ Saturday, October 24, 2020
 - _____ Saturday, November 21, 2020

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 and the most current Ohio Attorney General Handbook on CCW as viewed on the Citizen Defense website and I will comply with all parts therein.

Signature: _____ Date: _____