

NOSC CHL Course Application

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) ____ - ____ Cell: (____) ____ - ____ Preferred Contact: _____

E-mail: _____

NOSC member? (Y/N): ____

NRA Member? (Y/N): ____ If yes, member number: _____

Identification Verification: Type of Photo ID: _____ Instructor: _____

Certification of Student

		Yes/No
1	Are you under indictment or information in any court for a felony , or any other crime, for which the judge may imprison you for more than one year?	
2	Have you been convicted in any court of a felony , or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?	
3	Are you a fugitive from justice?	
4	Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, narcotic, or any other controlled substance?	
5	Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?	
6	Have you been discharged from the Armed Forces under dishonorable conditions?	
7	Are you subject to a court order restraining you harassing, stalking, or threatening your child or an intimate partner or child of such partner?	
8	Have you been convicted in any court of a misdemeanor crime of domestic violence?	
9	Have you ever renounced your United States citizenship?	
10	Are you an alien illegally in the United States?	
I certify that that answers I provided in this section of this application are true and correct.		
	_____	_____
	Signature	Date

Payment Section: Date: ___/___/20__ Instructor: _____

Scheduled Class Start Date: ___/___/20__

Comments: _____

NOSC CHL Course Application

Course Record:

Attendance:	Session Date	Instructor(s)
	_ / _ / _	_____
	_ / _ / _	_____
	_ / _ / _	_____

Proficiencies:				
Safety and Law:	Pass	Fail	Date	Instructor
NRA Basic Pistol Test	_____	_____	_ / _ / _	_____
Ohio Supplement	_____	_____	_ / _ / _	_____
Gun Handling:				
Basic functionality	_____	_____	_ / _ / _	_____
Holstering & carrying	_____	_____	_ / _ / _	_____
Live Fire	_____	_____	_ / _ / _	_____

Remedial Action _____				

Test / Proficiency:	Pass	Fail	Date	Instructor
_____	_____	_____	_ / _ / _	_____
_____	_____	_____	_ / _ / _	_____

Comments: _____
