

APPLICATION FORM
Training Range Program Questionnaire

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1. TRAINING RANGE COMPANY

Name : _____
Address : _____

2. POINT OF CONTACT

Name : _____ Telephone : _____
E-mail address : _____ Website : _____

3. How long has the company been in business ? _____

4. MANDATORY:
Please attach a copy of your Liability Insurance Policy of \$2,000,000 US or more

5. Does your company have a mission statement? Yes No

6. Do you have a permanent training site? Yes No

Please specify: Classroom Range Shoot-house

Please specify its location:

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7. If you use training facilities that are owned or operated by other companies or agencies, please list them here :

8. How many permanent instructors do you employ? _____

9. How many part-time instructors do you employ? _____

10. What law enforcement or military experience do each of your instructors have ?

11. How many students do you train in an average class? _____

12. What is your normal instructor to student ratio for the following types of training?

Range : _____ Scenarios : _____

13. How many classes did you or your staff present in the last 6 months ?

Number for law enforcement only : _____ Number for military only : _____

Number for civilians only : _____ Number for mixed groups : _____

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14. Do you provide training outside your Country? Yes No

Where? _____

What agencies? _____

How often? _____

15. List three (3) references for law enforcement, military, or security companies that are familiar with your operation?

Contact no. 1: _____ Phone no. : _____

Contact no. 2: _____ Phone no. : _____

Contact no. 3: _____ Phone no. : _____

16. What type of training will be done using Simunition® products?

17. Do you sell products wholesale / retail? Yes No

18. Indicate items that are sold by your company?

Guns: Accessories: None:
Training Equipment : Targets :
Ammo : Other : _____

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19. What is your target date for being accepted onto the Simunition® Range Program?

(Note that acceptance process normally takes from 4 to 8 weeks)

Date : _____

Name : _____
(Printed letters)

Signature : _____