

Range Program Application

Email to: <u>fred.yates@gd-ots.com</u>					
1- Name of training company:					
2- Address of training company:					
3- Point of contact Name:			Telephone:		
E-mail address:			Website:		
4- How long has the company been in business?					
5- Does the company have a Liability Insurance Policy of \$2,000,000 or more?					
	yes		no		
6- Does your company have a mission statement?					
(if yes, please attach)	yes		no		
7- Do you have a permanent training site?					
	yes		no		
Please specify: Classroom Please specify its location:	_		Shoot-house		
8- If you use training facilities that are owned or operated by other companies or agencies, please list them here:					



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9- How many permanent instructors do you employ?				
10- How many part-time instructors do you employ?				
11- What law enforcement or military experience do your instructors have? Examples: NRA, Military, State or Federal Law Enforcement, Smith & Wesson Academy, SigArms Academy or Independent Private Schools				
12- How many students do you train in an average class?				
13- What is your normal instructor to student ratio for the following types of training? Range: Scenarios:				
14- 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				
15- Do you provide training outside the United States? Where?				
What agencies?				
How often?				



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familiar with your operation.	cement, military, or security companies that are				
Contact no. 1	Phone no:				
Contact no. 2	Phono no.				
Contact no. 3	Phone no:				
17- What type of training will be done using Simunition® products?					
18- Do you sell products wholesale / retail? yes	□ no □				
19- Indicate items that are sold by your compagning Guns	any? Accessories □ Targets □ None □				
20- What is your target date for being accepte (Note that acceptance process normally takes from					
21- Who do you plan to train? Check all that a Military □ Police □ Pri Personal Protection Specialist □	pply ivate Security □ Targets □ Armed Citizen □				
Date :					
Date :					
Name :					
Signature : (Hard copy to follow if approved for signature)					