



## Range Program Application

email to William Sandman – [william.sandman@gd-ots.com](mailto:william.sandman@gd-ots.com)

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

Range

Shoot-house

Please specify its location: \_\_\_\_\_

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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16- List three points of contacts 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:	_____

17- What type of training will be done using Simunition® products?

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18- Do you sell products wholesale / retail?

yes

no

19- Indicate items that are sold by your company?

Guns <input type="checkbox"/>	Ammo <input type="checkbox"/>	Accessories <input type="checkbox"/>	Targets <input type="checkbox"/>
Training Equipment <input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>	

20- What is your target date for being accepted onto the Simunition® Range Program?

*(Note that acceptance process normally takes from 3 to 6 weeks)*

21- Who do you plan to train? Check all that apply

Military <input type="checkbox"/>	Police <input type="checkbox"/>	Private Security <input type="checkbox"/>	Targets <input type="checkbox"/>
Personal Protection Specialist <input type="checkbox"/>		Armed Citizen <input type="checkbox"/>	

22 - **MANDATORY** - Please attached a current copy of your Firearms Instructor Certificate

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

Name : \_\_\_\_\_

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

*(Hard copy to follow if approved for signature)*