



APPLICATION FORM
Range Program Questionnaire

Email at craig.runyan@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 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 / military / professional firearm training experience does each of your instructors have?

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?

	<i>Number of students per class</i>	<i>Number of class per year</i>
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? _____

