



Range Program Application

Email to: [fred.yates@gd-ots.com](mailto:fred.yates@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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Range Program Application

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? \_\_\_\_\_



Range Program Application

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?

Four horizontal lines for text input.

18- Do you sell products wholesale / retail?

yes no

19- Indicate items that are sold by your company?

Guns Ammo Accessories Targets
Training Equipment Other None

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)

Horizontal line for text input.

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

Military Police Private Security Targets
Personal Protection Specialist Armed Citizen

Horizontal line for text input.

Date :

Name :

Signature :

(Hard copy to follow if approved for signature)