



**APPLICATION FORM**  
**Range Program Questionnaire**

Email at Mark.Fraser@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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**APPLICATION FORM**  
**Range Program Questionnaire**

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? \_\_\_\_\_

# SIMUNITION®

## APPLICATION FORM Range Program Questionnaire

16- List three points of contacts for law enforcement, military, or security companies that are familiar with your operation.

Contact no. 1	_____	Phone no:	_____	E-mail:	_____
Contact no. 2	_____	Phone no:	_____	E-mail:	_____
Contact no. 3	_____	Phone no:	_____	E-mail:	_____

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 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)*

---

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

Military  Police  Private Security  Civilians   
Personal Protection Specialist  Other  Please specify \_\_\_\_\_

---

22- **MANDATORY** – Please attach a current copy of your Firearm Instructor Certificate

---

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

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

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

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