

## **APPLICATION FORM**

### **Training Range Program Questionnaire**

➤ EMAIL TO: **info@simuniton.com**

1. NAME OF TRAINING COMPANY

2. ADDRESS OF TRAINING COMPANY

3. POINT OF CONTACT

NAME:

TELEPHONE:

EMAIL 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 AND AN EMPLOYER'S LIABILITY OF \$1,000,000 PER OCCURRENCE?

**MANDATORY:** *Please attach a copy of your Liability Insurance Policy*

a. YES ☐

b. NO ☐

6. DOES YOUR COMPANY HAVE A MISSION STATEMENT?

*If applicable, please attach with application*

a. YES ☐

b. NO ☐

7. DO YOU HAVE A PERMANENT TRAINING SITE?

a. YES ☐

b. NO ☐

Please specify:

CLASSROOM ☐

RANGE ☐

SHOOT-HOUSE ☐

Please specify its location:

## **A P P L I C A T I O N   F O R M**

### **Training Range Program Questionnaire**

8. IF YOU ARE USING FACILITIES THAT ARE OWNED OR OPERATED BY OTHER COMPANIES OR AGENCIES, PLEASE LIST THEM HERE:


9. HOW MANY PERMANENT INSTRUCTORS DO YOU EMPLOY?

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10. HOW MANY PART TIME INSTRUCTORS DO YOU EMPLOY?

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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?

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13. WHAT IS YOUR NORMAL INSTRUCTOR TO STUDENT RATIO FOR THE FOLLOWING TYPES OF TRAINING?

a. RANGE:

b. SCENARIOS:

## **A P P L I C A T I O N   F O R M**

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14. HOW MANY CLASSES HAVE YOU OR YOUR STAFF CONDUCTED IN THE LAST 6 MONTHS?		
	NUMBER OF STUDENTS PER CLASS:	NUMBER OF CLASSES PER YEAR:
NUMBER OF LAW ENFORCEMENT ONLY:		
NUMBER OF MILITARY ONLY:		
NUMBER OF CIVILIANS ONLY:		
NUMBER OF MIXED CLASSES:		

15. DO YOU PROVIDE TRAINING OUTSIDE OF YOUR COUNTRY?
WHERE?
WHAT AGENCIES?
HOW OFTEN?

16. PLEASE LIST THREE POINTS OF CONTACT FOR LAW ENFORCEMENT, MILITARY OR SECURITY COMPANIES THAT ARE FAMILIAR WITH YOUR OPERATION:		
CONTACT	PHONE NUMBER	EMAIL
1)		
2)		
3)		

17. WHAT TYPE OF TRAINING WILL BE DONE USING SIMUNITION® PRODUCTS?

18. DO YOU SELL PRODUCTS WHOLESALE/RETAIL?
a. YES <input type="checkbox"/>
b. NO <input type="checkbox"/>

## **A P P L I C A T I O N   F O R M**

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19. WHICH OF THE FOLLOWING ITEMS ARE SOLD BY YOUR COMPANY?		
a. GUNS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. AMMO	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. ACCESSORIES	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. TARGETS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. TRAINING EQUIPMENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f. OTHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g. NONE	YES <input type="checkbox"/>	NO <input type="checkbox"/>

20. WHAT IS YOUR TARGET DATE FOR BEING ACCEPTED INTO THE SIMUNITION® RANGE PROGRAM? <i>Please note that acceptance process takes from four to eight weeks</i>

21. WHO DO YOU PLAN TO TRAIN? <i>Check all that apply:</i>
a. MILITARY <input type="checkbox"/>
b. POLICE <input type="checkbox"/>
c. PRIVATE SECURITY <input type="checkbox"/>
d. CIVILIANS <input type="checkbox"/>
e. PERSONAL PROTECTION SPECIALIST <input type="checkbox"/>
f. OTHER <input type="checkbox"/> <i>Please specify:</i>

22. <b>MANDATORY</b>
<i>Please attach a current copy of your Firearm Instructor Certificate</i>

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_