

APPLICATION

Name: _____ Date of Birth: _____

Street/PO: _____ City/Town _____

State _____ Zip: _____ Email: _____

Telephone (H) _____ W): _____ (C): _____

Course Name: _____ Date: _____ Fee: _____

Previous Formal Firearms Training _____

Reason(s) for owning a firearm (Protection, Target etc.) _____

Firearm Make to be used on range?: _____

Model: _____ Caliber: _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of domestic violence? _____

Is there a protection order in force against you _____

Where did you hear about us? _____

Explain your handgun experience and provide your NRA Membership # if Applicable:

Applicants Signature: _____ Date: _____

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**Maine CWP Training
Mr. Paul J. Mattson
101 Main St.
Harrison, ME 04040**

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