



Starke County Sheriff's Office

Sheriff JACK ROSA

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Knox, In 46534

BASIC GUN SAFETY COURSE REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER _____ STATE: _____

EMAIL ADDRESS: _____

GUN INFORMATION:

MAKE: _____ MODEL: _____ CALIBER: _____

HAVE YOU EVER BEEN CONVICTED/CHARGED/PLEAD GUILTY TO DOMESTIC VIOLENCE OR ANY OTHER OFFENSE AS A RESULT OF A DOMESTIC VIOLENCE INCIDENT? YES _____ NO _____

ARE YOU PROHIBITED FROM CARRYING A WEAPON BY AN STATE OR FEDERAL LAW? YES _____ NO _____

HAVE YOU EVER BEEN ADJUDICATED AS A DRUG OR ALCOHOL DEPENDENT? YES _____ NO _____

DO YOU HAVE ANY PENDING WARRANTS OUT FOR YOUR ARREST? YES _____ NO _____

I UNDERSTAND BY SIGNING THIS DOCUMENT THAT I ATTEST ALL INFORMATION IS ACCURATE AND TRUTHFUL AND THAT BY FALSIFYING ANY OF THE INFORMATION GIVEN ABOVE I MAY BE SUBJECT TO CRIMINAL CHARGES.

SIGNATURE

DATE

PRINT NAME

EMAIL REGISTRATION FORM TO: CLEONHARDT@STARKE.IN.GOV

"loyalty and pride"