STARKE COUNTY SHERIFF'S OFFICE

SHERIFF JACK ROSA

TELEPHONE: (574)772-3771 5435 E. STATE ROAD 8

FAX: (574)772-7641 KNOX, IN 46534

Basic Gun Safety Class Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Driver's License #: _____ 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 any state or federal law? Yes _____ No _____

Have you ever been adjudicated as 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 completed registration form to awilhelm@starke.in.gov and bobermiller@starke.in.gov, or return to the Starke County Sheriff's Office at 5435 E. State Road 8, Knox, IN 46534

"LOYALTY AND PRIDE"