



Oregon Precision Firearms Training LLC
Course Application



NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ CELL () _____

EMAIL _____

COURSE NAME _____

COURSE DATES _____

DEPOSIT / FEE ENCLOSED \$ _____

Credit Card # _____ Exp. _____ CVV # _____

Check # _____

RIFLE / PISTOL MAKE & MODEL _____

CALIBER _____ OPTICS (if applicable) _____

EMERGENCY CONTACT (name) _____

EMERGENCY PHONE _____

For all classes we require a copy of your photo ID to accompany this application. For any other class **except Basic Pistol** we also require one of the following: 1.) A copy of your current concealed handgun license or 2.) A copy of a current federal firearms license or 3.) A copy of full time law enforcement identification or current military identification. Should you not have any of these credentials, we will accept a letter from your local law enforcement agency, or district attorney's office, on agency letterhead, stating you have no criminal history that would prohibit you from owning a firearm. Please call us (541) 566-2013 should you have questions regarding these requirements.

Complete the application and send to:
Janet Herbes – Oregon Precision Firearms Training LLC
62087 High Valley Rd
Union, Oregon 97883
Phone: (541) 562-1194
Email: info@opfirearms.com

A comprehensive equipment and gear packet (including range directions and motel information) will be sent to you upon receipt of your application. **We require a 10% non- refundable deposit on all training to hold your spot. Balance is due 30 days prior to the training unless other arrangements have been made.**