



CONCEALED WEAPON PERMIT CLASS STUDENT INFORMATION

Information collected on this form is required on the SC CWP application form and the FBI fingerprint cards.

Complete all sections. Please print neatly!

CHOOSE AS MANY AS APPLICABLE

Disabled Veteran Retired/Former Military Active Military Retired Law Enforcement Active Law Enforcement

FIRST NAME _____ MIDDLE NAME _____
LAST NAME _____ MAIDEN NAME _____
ANY OTHER NAMES USED _____
NAME YOU "GO BY" _____

RESIDENCE ADDRESS

STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____

MAILING ADDRESS (IF DIFFERENT)

ADDRESS _____
CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
EMAIL _____

SOCIAL SECURITY NUMBER _____ SC DL NUMBER _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____ ALIEN NUMBER (IF APPLICABLE) _____
CITY AND STATE OF BIRTH (OR COUNTRY IF NOT U.S.) _____
COUNTRY OF CITIZENSHIP _____

RACE

- ASIAN OR PACIFIC ISLANDER (includes Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or other Pacific Islander)
- BLACK (a person having origins in any of the black racial groups of Africa)
- AMERICAN INDIAN OR ALASKAN NATIVE (American Indian, Eskimo, Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition)
- WHITE (Caucasian, Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture or origin, regardless of race)
- UNKNOWN (of indeterminable race)

SEX

- FEMALE FEMALE PRINT/MALE REFERENCE
 MALE MALE PRINT/FEMALE REFERENCE

HEIGHT _____ WEIGHT _____

EYE COLOR

- BLACK BLUE BROWN GRAY
 GREEN HAZEL MAROON



HAIR COLOR

- | | | | |
|---------------------------------|--------------------------------|---|---------------------------------|
| <input type="checkbox"/> BALD | <input type="checkbox"/> BLACK | <input type="checkbox"/> BLONDE (or strawberry) | <input type="checkbox"/> BLUE |
| <input type="checkbox"/> BROWN | <input type="checkbox"/> GREEN | <input type="checkbox"/> GRAY (or partially gray) | <input type="checkbox"/> ORANGE |
| <input type="checkbox"/> PURPLE | <input type="checkbox"/> PINK | <input type="checkbox"/> RED (or auburn) | <input type="checkbox"/> SANDY |
| <input type="checkbox"/> WHITE | | | |

ARE YOU A SOUTH CAROLINA RESIDENT OR QUALIFIED NON-RESIDENT? YES NO

ARE YOU ALLOWED BY ALL APPLICABLE FEDERAL/STATE LAWS & COURT ORDERS TO POSSESS A HANDGUN?

YES NO

DO YOU HAVE A PISTOL FOR THE CLASS? (not shared with another student) YES NO

If so, please provide the manufacturer, model, and caliber.

MAKE _____ MODEL _____ CALIBER _____

DO YOU HAVE AN ON THE WAISTBAND HOLSTER FOR YOUR GUN? YES NO

EMERGENCY CONTACT

NAME _____ PHONE _____

If you have any conditions (medical or otherwise) that might require accommodations or of which the instructor/range staff need to be aware, please let us know. These things DO NOT preclude you from taking this course, but knowing about any issues can help the instructor better meet your needs and help you get the most out of the course. Examples: diabetes, epilepsy, asthma, heart conditions, problems gripping (arthritis, missing or malformed digits, etc.), problems standing (require wheelchair/cane/walker, etc.), attention issues, prior traumatic experience with firearms or violence, hearing issues, etc.

STAFF USE

CLASS DATE _____

WHOLE CLASS

LEGAL ONLY

STUDENT # _____