



QUESTIONNAIRE

Personal and Contact Information:

Name: _____ Age: _____

Home Address: _____

Home Phone: _____ Cell: _____ Email: _____

Explain why you are interested in training to become a Certified USCCA Instructor:

Current Shooting Experience: _____ None, or those identified below.

Hunter: ___ Yes ___ No Plinking: ___ Yes ___ No

Concealed Handgun License: ___ Yes ___ No IF yes, Which state? _____ & How long? _____

Self Defense & or Firearm Training Courses: None, or those identified below.

Course Name	Instructor/School	Location	Date

Current Firearm Instructor Experience: None, or those identified below.

NRA Instructor: _____ Certified Areas: _____ Number years: _____

Law Enforcement Instructor: _____ Certified Areas: _____ Number years: _____

Military Firearms Instructor: _____ Certified Areas: _____ Number years: _____

USPSA/IPSC Range Officer: _____ Certified Areas: _____ Number years: _____

GSSF Safety Officer: _____ Certified Areas: _____ Number years: _____

Other: _____ Certified Areas: _____ Number years: _____

MEMBERSHIPS AND CLUB AFFILIATIONS:

NRA: ___ Yes ___ No

USCCA: ___ Yes ___ No

IDPA ___ Yes ___ No

USPSA ___ Yes ___ No

Local Gun Range/Club Membership: ___ Yes ___ No

Other: _____