

RENSELAER COUNTY POST LICENSE FIREARM SAFETY EVALUATION APPLICATION

(Please Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
DOB: \_\_\_\_\_  
NYS Pistol License # \_\_\_\_\_  
Issuing Judge \_\_\_\_\_ Date Issued \_\_\_\_\_

Firearms Experience –Describe your experience with handling and using firearms such as, but not limited to, military service, hunting, competitive shooting or use of any other firearm.

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(Attach additional sheets if necessary)

Are you involved with a gun club or other organizations which offer opportunities for shooting activities that you participate in? \_\_\_\_Yes \_\_\_\_No If yes, please describe:

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Describe any other NRA or Hunter Safety training you may have.

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Describe the handgun you anticipate using for this course.

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Signature \_\_\_\_\_ Date \_\_\_\_\_