

POST-CHL APPLICATION FORM

PERSONAL INFORMATION

Name: _____ Nickname: _____
Sex (M/F): _____ Date of Birth: _____ Citizenship: _____
Drivers License No./State: _____ Social Security No.: _____
Concealed Handgun License No./State: _____

RESIDENCE INFORMATION

Current Address: _____ Apt.: _____
City: _____ County: _____ State: _____ Zip: _____
Home Telephone: _____ Cell: _____
Email: _____

Other People in Household (who live there or stay there frequently)

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

REFERENCE INFORMATION

Only one may be a family member. An employer is recommended.

1) Name: _____ Relationship: _____
Known How Long: _____ Home Phone: _____ Work Phone: _____

2) Name: _____ Relationship: _____
Known How Long: _____ Home Phone: _____ Work Phone: _____

3) Name: _____ Relationship: _____
Known How Long: _____ Home Phone: _____ Work Phone: _____

CRIMINAL BACKGROUND CHECK INFORMATION

To attend this OSC course, you must have a current, valid state Concealed Handgun License. If you don't qualify, please don't apply – you will not be accepted into the program. The standards for the state Concealed Handgun License are found in Texas Gov't. Code § 411.172.

	Yes	No
Have you ever been convicted of a felony?		
Have you been convicted of a Class A or B misdemeanor in the last ten years?		
Have you had a mental health commitment or mental health finding?		
Are you or any of your immediate family members or household members in a gang?		
Have you ever been convicted of a gang-related crime?		
Have you ever been convicted of violating a protective order?		
Are you currently charged with a felony or misdemeanor?		
Are you currently under a Restraining Order or Protective Order?		
Are you being treated for drug or alcohol dependency?		
Have you been diagnosed with drug or alcohol dependency?		
Are you delinquent in any state or federal taxes, governmental fees (including traffic tickets), or student loans?		
Are you delinquent on any child support payments?		

Place of Birth (City/State/Country): _____

List all States you have resided in for the last ten (10) years: _____

If you are under the age of 25, you must include a juvenile history report. A request for juvenile records is included in the packet, along with instructions for obtaining a certified copy and a waiver for OSC to have the records.

MEDICAL INFORMATION

Since the OSC courses place modest physical and psychological burdens on participants, and the training involves an element of risk to other participants, you must meet the following minimum physical standards to attend unrestricted (standard) courses:

	Yes	No
Are you able to stand and walk without assistance or appliance (cane, etc).?		
Can you hear normal conversation without an appliance (hearing aid)?		
Do you have corrected 20/20 eyesight (glasses and contacts must be worn if needed)?		
Do you have a history of epilepsy, seizures, or faints?		
Are you currently taking any prescription narcotics or painkillers?		

Our Safer Community is developing coursework for people with certain disabilities, including limited mobility and impaired hearing. If you do not qualify due to medical reasons other than limited mobility or limited hearing, your application can be resubmitted without prejudice when your medical condition changes.

AGREEMENT WITH TERMS

Initial all terms in the space provided beside each term. By signing this application and initialing the following I understand and agree that:

_____ All statements made in this application and attached forms are TRUE, COMPLETE, and CORRECT. False or incomplete statements will delay the processing of my application, and may result in my rejection or disenrollment during the class, and loss of course payment.

_____ Since Our Safer Community's operations depend upon the careful control of deadly weapons, I understand that my instruction may be terminated at any time during the course if my conduct is deemed unsafe at the sole discretion of the instructors or staff.

_____ I will abide by any and all safety procedures required by Our Safer Community, whether verbal or written, and will report any violations to the instructors or staff.

_____ The application fee is devoted to the administrative cost of processing all applications received, and is not refundable under any circumstances, regardless of the outcome, the date of filing, or if, for whatever reason, the application is withdrawn.

_____ Initial acceptance of my application by Our Safer Community and reservation of a class seat is conditioned on my payment of the course fee and successful completion of a drug test. Initial acceptance means that I can attend an OSC Post-CHL course that begins within six months of the date of initial acceptance; if I cannot attend within six months, I must re-apply.

_____ The course payment is \$900.00, payable to Our Safe Community. Payment is due within 30 days of receipt of initial acceptance, and in all cases prior to the beginning of the class being applied for. Payment by credit card will incur an additional 4% credit card processing fee.

_____ I will make an unrestricted tax-deductible contribution of at least \$900.00 to Our Safer Community prior to the beginning of the class being applied for. As an unrestricted contribution, it can be used for all exempt purposes of OSC, including funding scholarship programs.

_____ If I cancel at least 60 days prior to the beginning of class, ½ of the payment is refundable OR the full payment can be applied to another class. If I cancel less than 60 days prior to the class, my payment is non-refundable OR ½ of the payment can be applied to another class.

_____ All of the training materials, forms, and systems are the intellectual property of Our Safer Community, and may not be sold or taught without a license from OSC.

BY: _____
(Participant's Signature)

(Print Name)

DATE SIGNED: _____