

For office use only
DEPOSIT PD: \$ _____
BLANCE DUE: \$ _____

OKLAHOMA SELF DEFENSE ACT SAFETY COURSE
(Conceal Carry Class)
Hosted By: H&H Gun Range
ONLINE FORM

The following information is for our records only

Please print out and send in with your check of \$60.00 made out to H&H Gun Range.
H&H Gun Range
400 South Vermont, Suite 110
Oklahoma City, Oklahoma 73108-1034
ATTN: SDA

Date of Class Requested: _____

Name to be printed on certificate (**Please Print Legibly**) it should be the same as on your driver's license.

Last Name: _____ First Name: _____ MI : _____

OK ID # : _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Daytime Phone: _____ Evening Phone: _____

In Case of Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

I will be shooting during the range portion a: Semi-Automatic Pistol Revolver Caliber: _____

Have you shot this gun type before? Yes No

Yes, I will need to purchase ammunition for this class.

No, I brought my own ammunition for this class.

Yes, I will need to rent a gun for this class. I would like to rent a _____.

Yes No Are you a citizen of the United States and are you at least twenty-one (21) years of age?

Yes No Are you a resident of Oklahoma? (Your driver's license must match the residing address)

Yes No Are you currently in the military (active or reserve)?
*If yes, you may qualify for a shooting exemption. Please inquire before class begins.

Yes No Have you been honorably discharged from either active military duty or serve duty within twenty (20) years?
*If yes, you may qualify for a shooting exemption. Please inquire before class begins.

- Yes ○ No Are you an Active CLEET certified law enforcement officer or armed security guard?
*If yes, you may qualify for a shooting exemption. Please inquire before class begins.
- Yes ○ No Are you under indictment for any information in any court for a Crime punishable by imprisonment and are you under formal accusation of a crime or indictment by a grand jury?
- Yes ○ No Have you been convicted in any court of a crime punishable by imprisonment for a term exceeding one (1) year?
- Yes ○ No Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug or any other controlled substance?
- Yes ○ No Have you ever been adjudicated as a delinquent or mentally defective or have you ever been committed to a mental institution?
- Yes ○ No Have you ever been charged with, Attempted Suicide, Assault and Battery, Aggravated Assault, and Battery, Violation of the Domestic Abuse Act, Stalking or any violation relating to illegal drug use or possession?
- Yes ○ No Do you currently have a Victim Protection Order (VPO) against you?
- Yes ○ No Do you have anyone residing in your home that has been adjudicated as a delinquent or convicted of a felony?
- Yes ○ No Have you had two (2) or more convictions for Driving Under the Influence (DUI) or Public Intoxication?

I herby certify that the answers to the above questions are true and correct. I certify that I have received a copy of the OSDA Firearms Safety & Familiarization Course Outline (to be distributed in class). I fully understand that all written materials I receive during the class supersedes any verbal information or opinions. I fully understand that receiving a Completion Certificate from this course DOES NOT give me the right to carry a loaded firearm or a concealed firearm. I fully understand that there are no refunds on this class.

Waiver of Liability and Claims

I, my agents, assigns, executors or administrators for the consideration of being allowed to enter, rent and of use the facilities, and services of H&H Gun Range do herby absolutely and **unequivocally agree to release and hold harmless H&H Gun Range**, its agents, employees, instructors, assigns, owners and successors from any and all claim, demand or liability, arising out of any injury loss or disability connected with the use of, attendance or activities at the facility, I further understand that shooting can be dangerous and will at all times exercise safe gun handling practices.

I have read, understand and fully agree to all of the above.

SIGNATURE: _____ DATE: _____

Please leave your ammunition at the front counter and have your firearm safety inspected and strapped before going to the classroom.