



ARMORER'S COURSE |

TRAINING APPLICATION



Hosted by:

1. STUDENT INFORMATION:

Last:	First:	Middle Initial:
LEA Agency or Business with a Federal Firearms License (FFL) you work for:		
City:	State:	Zip Code:
Primary Phone:	Email Address:	

2. TRAINING REQUESTED:

Primary Course: AR-15/M16 Carbine Armorer's Course	Date:
Location:	Tuition:

3. REQUIRED CREDENTIALS:

Ballistic Edge Specialized Training, LLC requires applicants for training to submit documentation of responsibility before they are accepted as students. Each prospective student must submit the credentials applicable to the course of instruction desired and include a fully completed application form. Applications without credentials will not be processed.

For Armorer's Course:

Copy of FFL for the business you work for, or Government Issued Photo ID (Military ID, Gov't Agency ID)
Evidence of No Felony Criminal History (Ex: Background check from a Law Enforcement Agency, Valid Concealed Carry Permit, Valid Federal Firearms License, or Current Law Enforcement ID Card.** **Note for Active Duty Military Personnel: Military ID DOES NOT satisfy this requirement for open enrollment courses. You will still need to submit your no-felony credentials with your ID.)

4. WEAPONS, GEAR, TOOLS: Will be provided.

5. PAYMENT METHOD: (Tuition must be paid in full with registration).

Check	Credit Card (MasterCard/Visa/Discover only)	
Make Payable to BEST, LLC	Number:	
Check Number	Card Type:	Expiration Date:
Purchase Order	Billing Address:	
P.O. Number	State:	Zip:
	Name of Cardholder:	
	Signature of Cardholder:	

6. DISCLOSURE:

By signing, I understand, represent and agree that:

- 1.) I am a citizen of the country(ies) listed in Section 1. above.
- 2.) I certify that I am not prohibited by Federal, State, or local laws from possessing or receiving firearms and/or ammunition.
- 3.) My enclosed credentials meet the requirements outlined by Ballistic Edge Specialized Training, LLC (BEST, LLC) and that upon arrival at the course location, I will positively identify myself as the same person certified in the application.
- 4.) I will be at least 18 years of age at the time of training.
- 5.) My only purpose for seeking this training is so I may be better prepared to provide lawful service to my

employer, or to perform lawful acts for my own use.

- 6.) I consent to having Ballistic Edge Specialized Training, LLC verify my identity and background as required under U.S. export controls, including the International Traffic in Arms Regulations (ITAR) and other applicable regulations.
- 7.) Some BEST, LLC courses are regulated for export by the United States government, including the U. S. Department of State, and that an export authorization may be required for the training of individuals who are NOT U.S. Citizens, U.S. legal permanent residents (green card holders) or political refugees in the United States. Information requested by BEST, LLC regarding proof of citizenship is collected solely for purposes of compliance with U.S. export control laws.

STUDENT SIGNATURE: (X) _____

7. CANCELLATION POLICY:

- Any cancellations made 30 days prior to class will not be issued a cash refund. We will issue a credit only for another class and will hold this credit for one year.
- If cancellation is made less than 30 days prior to a scheduled course, BEST, LLC will charge a \$100.00 cancellation fee.
- No refunds for no-shows, or if student is dropped from training.

- If rescheduling is necessary, please contact Greg Lee at ballisticsgedgest@gmail.com.
- **If we do not register a required number of attendees, the class could be canceled. In this case, we will make notification of cancellation 15 days prior to the class date.**

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