



If you wish to mail this form:  
**THE RANGE**  
13235 Grass Valley Ave STE B  
Grass Valley, CA 95945-9556

## New or Renew CCW Class Firearms Information Form

Provide the following information **PRIOR** to class:

Today's date: \_\_\_\_\_

First Name

Middle Name

Last Name

(the name you plan to use (or did use) on your CCW Permit Application, e.g., First Name, Middle Name and Last Name — you must use your Driver's License name)

Mailing Address

City

Sex (M / F)

Area  
Code

Phone Number

ZIP Code

County of  
Residence

Date of Birth

If Renewal,  
CCW Expiration  
Date

eMail

**Gun Info** — Provide information for each gun that you desire to carry - 3 maximum.

Manufacturer

Serial Number

Caliber

Model

#1

#2

#3

If you have already called or visited **THE RANGE** and **PAID** for your class, enter the Class Date here. Otherwise, leave it blank.

Class Date

Print out and fill in this form then mail it, return it **or** FAX it to **THE RANGE** at: (530) 273-4496

If you desire, you may fill out an on-line form at:  
<http://TheRangeUS.com/form-view/6>

Fred Pfadt  
Firearms Instructor

**Note:** If your eMail provider has a SPAM filter, be sure to allow mail from [fred@TheRangeUS.com](mailto:fred@TheRangeUS.com)