



# APPLICATION FORM

## Range Program Questionnaire

Fax to Mike Chin at 1-863-616-9241

1- Name of training company: \_\_\_\_\_

2- Address of training company: \_\_\_\_\_

3- Point of contact

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

4- How long has the company been in business? \_\_\_\_\_

5- Does the company have a Liability Insurance Policy of \$1,000,000 or more?

yes

no

6- Does your company have a mission statement?

(if yes, please attach)

yes

no

7- Do you have a permanent training site?

yes

no

Please specify: Classroom

Range

Shoot-house

Please specify its location: \_\_\_\_\_

8- If you use training facilities that are owned or operated by other by other companies or agencies, please list them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**A P P L I C A T I O N   F O R M**  
**Range Program Questionnaire**

9- How many permanent instructor do you employ? \_\_\_\_\_

10- How many part-time instructors do you employ? \_\_\_\_\_

11- What law enforcement or military experience do each of your instructors have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12- How many students do you train in an average class? \_\_\_\_\_

13- What is your normal instructor to student ratio for the following types of training?

Range : \_\_\_\_\_

Scenarios: \_\_\_\_\_

14- How many classes did you or your staff present in the last 6 months?

Number for law enforcement only \_\_\_\_\_

Number for military only \_\_\_\_\_

Number for civilians only \_\_\_\_\_

Number for mixed groups \_\_\_\_\_

15- Do you provide training outside the United States?

Where? \_\_\_\_\_

What agencies? \_\_\_\_\_

How often? \_\_\_\_\_

