



APPLICATION FORM
Range Program Questionnaire

Fax to Gene Wallace at 1-860-404-0169

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: _____



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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? _____

