



Guilford County Sheriff's Office

OFFICE of SHERIFF BJ BARNES

GUILFORD COUNTY SHERIFF'S OFFICE INFORMATIONAL CLASS APPLICATION

NOTE: Read questions in its entirety; any omissions or misrepresentation on this application will result in your application not being approved.

1. Name: _____
Last First Middle
2. Date of Birth: ____ (Month) ____ (Day) ____ (Year)
3. Driver's License Number: _____ State _____
4. Sex: Male ___ Female ___
5. Current Mailing Address: _____

6. Concealed Carry Permit Number: _____
7. Telephone Number: Home: () _____ Work: () _____
Cell: () _____ E-Mail: _____
8. Please identify your primary concealed carry weapon (make/model/caliber)

9. Please list any questions you wish to be addressed in this course.

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Home

Work

Cell

FOR OFFICE USE ONLY

Date Received: _____

NCIC / DCI Check:

ACCEPTED / DENIED

DATE: _____