



# DECATUR

POLICE DEPARTMENT

★ CHIEF TORRY MACK ★

## Decatur Police Department's Women with Weapons Firearms Safety Course Application

Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_/

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Driver License Number \_\_\_\_\_ State: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check ONE of the following dates to attend:

\_\_\_\_ Saturday, June 20th from 9 AM – 2 PM

\_\_\_\_ Saturday, June 27th from 9 AM – 2 PM

\_\_\_\_ Saturday, July 11th from 9 AM – 2 PM

Do you own a handgun? (No rifles will be allowed) Yes \_\_\_\_\_ No \_\_\_\_\_

Weapon Make: \_\_\_\_\_ Weapon Caliber \_\_\_\_\_

What do you hope to accomplish by completing the Decatur Police Department Women with Weapons firearms safety course?

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I hereby certify that I am at least 21 years of age and the information contained in this application is true and complete to the best of my knowledge. A valid I.D. must be presented the day of the firearms safety course.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**\*Please drop off your application at City Hall, 2<sup>nd</sup> Floor Police Department.**

**\*During after-hours/weekends, please drop them off at the Decatur Police Department front desk.**