

Douglas County Sheriff's Office

PUBLIC HANDGUN CLINIC

Public Handgun Classes are being offered to Douglas County Residents by the Douglas County Sheriff's Office Training Division Firearms Instructors.

The classes are held at 8470 Earl D. Lee Blvd, Douglasville, GA 30134.

Classes are held one evening of each month, from 6:00pm until approximately 9:00pm.

The class includes instruction and/or discussion on:



- Handgun Safety
- Proper Shooting Techniques
- How Your Weapon Functions
- Cleaning and Maintenance
- The Georgia Laws Regarding Carrying a Firearm

PLUS

**Actual Practice with Your Own Weapon on Our Indoor Range
Eye and Ear Protection Provided**

You must bring your own handgun and 50-100 rounds of ammunition in order to shoot.

PLEASE BRING YOUR WEAPON INTO THE BUILDING **UNLOADED!!!!**

Applicants must be a resident or business owner in Douglas County.

You must be at least 18 years of age.

You must give consent for a background check as part of the application process.

There is no fee for this class.

You will be notified of your class date approximately 2 weeks in advance.

Mail or drop off
application to:

Douglas County Sheriff's Office
Attn: Training Division
8470 Earl D Lee Blvd
Douglasville, GA 30134

Any questions contact Sgt. Matthew Harper: mattharper@sheriff.douglas.ga.us.

Application for the Public Handgun Clinic

All information **MUST** be provided by applicant.
Signature must be witnessed not notarized.
(Please Print Clearly)

Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Zip)

Email Address: _____
(If an email address is provided, you will be notified of class date by email).

Date of Birth: _____ Sex: _____ Race: _____
(Month) (Day) (Year)

Social Security Number: _____

Driver's License Number: _____ State: _____

Home Telephone No.: () _____

Work Telephone No.: () _____

Have you ever been arrested or charged with a crime? Yes _____ No _____
If yes to the above question, explain.

I attest and affirm that I have reviewed this application and that the information supplied is true to the best of my knowledge.

Signature _____ Date _____

Witness (anyone can witness, notary not required) _____ Date _____

Signature must be witnessed in order for us to process your application.

CALIBER OF WEAPON: _____

ALL INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS YOUR APPLICATION.
IF ANY INFORMATION IS OMITTED YOUR APPLICATION WILL BE RETURNED.

PERSONAL HISTORY RELEASE

I, (Full Name of Applicant) _____,
do hereby authorize the review of and full disclosure of all records concerning myself to
the duly authorized agent of the Douglas County Sheriff's Office.

The intent of this authorization is to give my consent for full and complete disclosure of
the records of educational institutions; employment and pre-employment records,
including background reports, polygraph examinations or reports, complaints or
grievances filed by or against me or another person in any case, either criminal or civil,
in which I presently have or have had interest in.

I understand that any information obtained by a personal history background
investigation, which is developed directly or indirectly, in whole or part, upon this
release authorization will be considered in compiling any report for the Douglas County
Sheriff's Office "Public Handgun Clinic." I certify that any person(s) who may furnish
such information concerning me shall not be held accountable for giving this
information; and I do hereby release said person(s) from any and all liability, which
may be incurred as a result of furnishing such information.

Signature of Applicant

Witness (anyone can witness, notary not required)
Signature must be witnessed in order for us to process your application.

Date

NOTICE: The Douglas County Sheriff's Office reserves the right to refuse
any applicant for the safety of the Training Staff and the public.