

DFTF, LLC / www.fitgny.com

Registration Form & Receipt

▶▶▶ **Form FL790-2: Proof of Competency Certification for Florida CWL** ◀◀◀

Please complete this form and remit with full payment to:

DFTF, LLC • PO BOX 426 • CLARK MILLS, NY 13321-0426 • Attn: FL790

Contact: Phone: **315-272-9502** • E-mail: **fitgroupcny@gmail.com**

Student: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

E-mail: _____

Course Date: _____

Please notify me by **phone** OR **E-mail** that my form has been received and approved.

> > > **When attending class, applicant must present items 1 and 2:**

1. (Driver's License OR Sheriff's issued ID) AND 2. (NYS Pistol Permit) < < <

> > > *All firearms and supporting equipment (gun belts, holsters, mag pouches/ speed loader/pouches, etc.) used for this course must be approved by the instructor for function and safety, prior to attending class. Please call us if you have questions. < < <*

NYS Pistol Permit # _____ County of Issue: _____ Date of issue: _____

Firearm to be used for course (should be on your NYS Pistol Permit):

Make: _____ Model: _____ Cal: _____

A certificate for "Proof of Competency" will **not** be issued without the client passing the dry fire handling assessment **and** the live course of fire, each with a minimum score of 70%. Poor or dangerous firearm handling skills are grounds for immediate failure.

Failure to pass this practical assessment and / or the live course of fire, does not preclude the client from pursuing additional opportunities to attempt successful completion at a later date.

Course Fee

The completed registration form and full course fee **payment is due 21 days before** the start date of the course. We accept cash, personal checks, and money orders.

Refund Policy

Any student who cancels a course before instruction begins, will receive a full refund. Withdrawal during or for failure to complete a course after it has begun, will forfeit all tendered fees (failure to appear at a scheduled course for which you have reserved a slot is considered failure to complete a course), extenuating circumstances may apply.

>>>> A Fee of \$100 will be charged on all returned checks <<<<<

Method of payment: Cash Personal check Money Order

Course Fee: \$50.00 (make check or money order payable to **DFTF LLC**)

By my signature, I (student) verify that I have read, understand and agree to the conditions stated in this registration form.

Student name (print): _____

Student signature: _____ Date: _____

A copy of the completed registration form will be given to the student when attending class.

For office use only

DFTF,LLC / www.fitgny.com Agent / Employee who verified student payment received and complete:

Printed Name: Michael V. French / Thomas P. Cimino

Signature: _____ Date: _____