



IN HOUSE TRAINING RESERVATION

FULL NAME _____

COMPANY _____

BUSINESS MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

ARE YOU A FIREARMS TRAINING CENTER? YES NO

ARE YOU A FIREARMS INSTRUCTOR? YES NO

CERTIFICATION THROUGH: _____ CERTIFICATION DATE: _____

STATE IN WHICH YOU WERE CERTIFIED _____

COURSE YOU WISH TO INSTRUCT: _____ DATE OF COURSE: _____

INSTRUCTOR NAME & TITLE: _____ INSTRUCTOR CONTACT PHONE/EMAIL: _____

PLEASE COMPLETE & EMAIL THIS FORM TO TRAINING@WBISR.COM