

ALSTARZ PROFESSIONAL SERVICES

PO BOX 1081 13347 WEST MAIN LAROSE, LA 70373

985-693-7109 985-798-5102 (fax)

crystolla@aol.com

APPLICATION FOR CONCEAL CARRY CLASS

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
DOB ____/____/____ DL# _____ SS# _____
Place of Birth _____ HT ____ WT ____ Sex ____

Please circle the answer that best describes your situation:

ARE YOU A CITIZEN OF LOUISIANA?	YES	NO
ARE YOU A LAW ENFORCEMENT OFFICER?	YES	NO
*HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL DISORDER	*YES	NO
*HAVE YOU EVER BEEN CONVICTED OF FELONY?	*YES	NO
ARE YOU AT LEAST 21 YEARS OF AGE?	YES	NO

If You Answered Yes To Any Of The above (*) Questions Please Explain Below...

I have read and understand all questions, and have answered truthfully. I understand that lying on this application will forfeit any moneys paid and termination of any contract for instruction. (Legal action will be taken for any false information given on this application.)

Please return this application along with your \$50 non-refundable deposit to the above address. You are welcome to pay with cash, check or credit cards. **Credit cards will only be taken as deposits. Make checks payable to Anthony Green, III**

SIGNED

DATE

ALSTARZ ACADEMY

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What do I need to attend the Conceal Carry Class?

A Valid Driver's license

\$50 Deposit With completed application.

\$70 Balance Due at beginning of class

A Firearm + 50 Rounds of ammunition

Range Fees (\$20) (To be paid to the Range Officer)

NOTICE:

Firearms are to be kept in the vehicle until you are instructed to get it. With prior notification, items above can be purchased through us & delivered to you the day of the class

Credit cards will only be taken as deposits. Payments must be made by cash or checks made payable to Anthony Green, III

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CREDIT CARD AUTHORIZATION

I, _____ give authorization for my
credit/debit card to be charged for _____ services
in the amount of \$ _____.

Card Type _____

Name on Card _____

Card # _____

Expiration Date _____ Code on back _____

Zip Code _____

Cardholder's Signature _____

Date _____