



Please fill out this application and fax to 310-476-4158. You will receive a confirmation via email when your application has been processed.

Full name: _____ Email _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Work Phone _____

Date of Birth: _____ Drivers License Number _____

Place of Employment _____ Occupation: _____

Course Requested & Date: _____ Firearm to be used _____

Prior Firearms Training and Where: _____

If Firearms Instructor, list school: _____

If Law Enforcement, list your department or agency: _____

Division: _____ Rank _____

By signing this application, I have read, understand and agree to the following:

I.T.T.S. reserves the right to refuse training to anyone. By signing this agreement you attest under penalty of perjury that you have filled out this application truthfully and have no felony convictions or domestic violence misdemeanor convictions.

Instruction given by I.T.T.S. is for the sole purpose of instruction for the students attending the class ONLY. All material presented is the sole property of I.T.T.S. We assume no responsibility or liability for any student attending a class who uses any information obtained in the courses to instruct others.

Safety is strictly enforced on our range. Any student not following safety rules or whom we deem unsafe will be asked to leave the range. There will be no refund provided.

Everyone attending a class is expected to sign a waiver releasing I.T.T.S., agents of I.T.T.S. and Angeles Shooting Range from liability.

Please Sign: _____ Date _____

There are three choices for making payment:

1. You may register online and pay by credit card or check with Paypal.
2. You may call our secure credit card line and make payment by phone.
3. You may send in a check (Please make checks payable to I.T.T.S., Inc.) or credit card information along with this application form.

If you would like to use a credit card, please furnish us with the information below:

Name as it appears on the card _____

Card number _____ Exp _____

Address to which card is billed: _____

City _____ State _____ Zip _____

Please Sign _____