

Arkansas Law Enforcement Training Academy

Basic Student

FIREARMS INFORMATION FORM

My WEAPON IS A:

9mm semi-automatic .40 cal semi-automatic .45 cal semi-automatic

Other: _____

Weapon Serial Number: _____

Weapon Make and Model: _____

While in attendance I agree to:

1. Comply with all firearms and range safety rules as established by the Arkansas Law Enforcement Training Academy.
2. The General release, waiver, indemnification, hold harmless, and assumption of the risk agreement.

Student Name (Printed)	Agency:
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Student Signature: _____

Date: _____

Have you qualified with a firearm? Yes No

If Yes: Name of Firearms Instructor: _____

Date of Qualification: _____

Score: _____

Notice: This form must be completed and returned to ALETA two weeks prior to the beginning of the Basic Class.