## **Rockdale County Sheriff's Office**





Name (Prin	t):			
	Last	First	Middle	
Address: _				
	Number and Street	City	Zip	
Date of Birt	th:	_ Social Security Nu	ımber	
Home Phor	ne:	Work/Cell Pho	one:	
Work Addr	ess:			
		are for Sheriff's Office use		
to educate firearms.  Requireme - Be a - Be a - Auti - Mus safe - Mus - Adh	the public on State  Ints for the course a I resident of Rockda It least 21 years of a I horize a Background I bring a legal, mod I ty and reliability. Us	ale County age unless approved d Check & authorized dern handgun that wi Jnless arrangements	, general safety a to possess firea Il pass instructor made with Instru	and handling of rms inspection for uctors prior to class
Handgun us	sed for this course:	Make	Model	Caliber
		iviake	iviouei	Caliber
Applicant Signature:			Date:	
		you may be eligible for a		

FOR FURTHER INFORMATION CONTACT:

Lt. Darold Vissering AT 770-278-8006 OR VIA EMAIL AT <a href="mailto:darold.vissering@rockdalecounty.org">darold.vissering@rockdalecounty.org</a>

personnel will have sole discretion for your acceptance and attendance in this course.