

**Recognition Prior Training & Experience
Macomb Community Criminal Justice Center
21901 Dunham Rd., Clinton Twp., Michigan 48036**

PLEASE TYPE OR PRINT CLEARLY

***Required Fields**

*Last Name _____ *First Name _____ M.I. _____

*Address _____

*City _____ *State _____ *Zip _____

*Phone _____ Fax # _____

*E-Mail Address _____

*DOB _____ *SS # _____

*Driver's License # _____ / _____ State _____

***Please check one:**

_____ Written & Firearms Test -\$405.00 _____ Firearms Test Only - \$210.00

_____ Written Re-Test \$25.00 _____ Firearms Skills Program - \$300.00

_____ Full Program - \$1050.00

***Please check one:**

_____ I would like to use Macomb College weapon & equipment

_____ Personal Weapon: Caliber _____ Make _____ Serial # _____

(MUST be safety checked and approved by range staff; you must bring your belt and holster.)

Office use only

Total Due: \$ _____ Received: \$ _____ Check/MO# _____

**Make payment to Macomb Community College
Return using the address above to the attention of Larry West**

Date Received _____

Confirmation Sent: _____