



**PROVIDERS OF CUSTOM TACTICAL AND
SPECIALIZED FIREARMS TRAINING TO PRIVATE
CITIZENS, LAW ENFORCEMENT, SPECIALIZED
SECURITY AND MILITARY PERSONNEL.**

KNOWLEDGE - INTEGRITY - DISCRETION - HONOR

Dear Student / Program Participant,

On the next page of this document you will find a form which is required to be completed and sent back to us prior to your scheduled class.

The form is designed to be filled in using any PDF application (i.e. Adobe, etc.). Once you have completed filling in the required fields, please e-mail this form back to Grey Wolf Consulting at: info@greywolfconsulting.us

Should you encounter any difficulties or have any questions, please do not hesitate to contact us at: 203.924.1784

We look forward to meeting and training with you.

Be Safe,

**Brian S. Williams
Grey Wolf Consulting, LLC
www.greywolfconsulting.us**

GREY WOLF CONSULTING, LLC

Student Registration Forms Revised 27 July, 2020

The following forms must be completed in full by all students of Grey Wolf Consulting, LLC.

Name: _____
Last First MI.

Street Address: _____
Street Apt.

City: _____ State: _____ Postal Zip Code: _____

Telephone #: _____
Days Evenings

DOB: _____ SSN: _____ - _____ - _____ DLN or State Issued ID: _____
(Optional) (Required) # State

Purpose for class (i.e. Pistol Permit, Employment, Etc.): _____

E-MAIL Address _____

Students Printed Name _____

Students Signature _____ Date _____

(WILL BE SIGNED UPON ARRIVAL AT THE CLASS)

Instructors Use Only

Course Title or Discipline Taken: _____

Written Exam Score: _____ Live Fire Percentage: _____ % Caliber's Used: _____ Range Used: _____

Waiver Signed: _____ State Pistol Permit _____ Certificate Awarded: _____ Date Awarded: _____
State

Advanced Students Only

Weapon Make: _____ Weapon Model: _____ Weapon Caliber: _____ Weapon Serial # _____

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Instructors Notes: _____

