



GAINESVILLE POLICE DEPARTMENT
2020 Citizens Firearms Safety Course
Application Form

A. This form must be typed or printed legibly in black ink.

B. Read the information carefully and be certain to include all information requested. Be sure to include street numbers, zip codes, and telephone numbers, where requested.

Name: _____
 Last First Middle

HOME ADDRESS: _____

HOME or CELL PHONE: _____

OTHER CONTACT NUMBER: _____

OCCUPATION: _____

E-MAIL ADDRESS: _____

PLEASE RETURN COMPLETED FORM VIA E-MAIL NO LATER THAN

April 10th, 2020 TO: **Sergeant Doug Whiddon**
dwhiddon@gainesville.org

or you may drop of completed application in the front lobby of the Gainesville Justice Center

701 Queen City Parkway
Gainesville, GA 30501

Seats are limited to 20 students. You will be notified of acceptance, those not selected will be placed on a waiting list.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Phone number _____

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

	E - Employment
	J - Civilian Criminal Justice Employment (State & III Info Received)
	M - Working with Mentally Disabled
	N - Working with Elderly
	P - Public Records
	U - Personal Copy
	W - Working with Children
	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title Date