

ID Card # _____ - _____

Non-Member Participant

Year of Application: 20____
Atlantic County Department of Public Safety
Atlantic County Firearms Training Facility
175 Betsy Scull Road
Egg Harbor Township, NJ 08234

New Applicant
 PAID
 ENTERED
 ID CARD ISSUED
 SIGN-IN SHEET

Date: _____ Class: _____ Instructor(s): _____

INDEMNIFICATION, DEFEND AND SAVE HARMLESS AGREEMENT
In choosing to participate in range activities, the undersigned acknowledges the risk inherent in the use of firearms and archery materials. In return for permission to use the Atlantic County Firearms Training Facility, the undersigned hereby agrees for himself/herself and on behalf of his or her heirs assigns, personal representatives and next of kin forever release, indemnify, defend and hold harmless the County of Atlantic and its instructors, agents, servants and employees from and against any and all claims, damages, injuries or causes of action for liability howsoever caused, resulting from or in any way connected with the use of or participation in range activities.
In the event of any claim and/or litigation in which the County or its agents or employees shall be named, the undersigned hereby agrees to forever indemnify, defend and hold harmless the County of Atlantic, its instructors agents and servants for any and all costs incurred or arising from the said claims or litigation.

Applicant use (Please print legibly)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____

County: _____ Zip Code: _____ E-Mail _____

Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____

Emergency Contact _____ Emergency Phone :(____) - _____ - _____

NRA Member Yes or No (Circle one) Membership #: _____ NJ Carry Permit Yes or No Exp.Date: _____

Do you have a NJ Firearms Identification Card: Yes or No If So, SBI No.: _____

Signature: _____ Date: ____/____/____

Note: For the safety of ALL, our applicants will be required to take the Atlantic County Range Facility Pistol and or Rifle Safety Classes prior to the use of the range facility. This program will include an overview of the ACFTF Rules and Orientation session.

Office Use Only Proof or Residency 2 Forms of ID Required <input type="checkbox"/> Driver's License <input type="checkbox"/> Other Personal Photo ID Type: _____	<input type="checkbox"/> - Active Law Enforcement Officer <input type="checkbox"/> - Retired Law Enforcement Officer
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Membership Level:

- Resident Individual \$30.00
- Resident Unlimited \$200.00
- Resident Family \$90.00
- Resident Unlimited Family \$350.00
- Non-Resident Individual \$40.00
- Non-Resident Unlimited \$300.00
- Non-Resident Family \$120.00
- Non-Resident Unlimited Family \$450.00

Please List the Firearm you are using for this training course:

Manufacturer _____ Model _____ Caliber/ Gauge _____

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Eligibility Certification

Pursuant to Atlantic County Ordinance, All persons utilizing the Atlantic County Public Range Facility must meet the State of New Jersey requirements for the possession of a firearm. If an applicant or member falls subject to any disqualifier, his/her membership application shall be denied and in the case of an active member, the membership shall be suspended until such time the individual again meets the state qualification standards to possess a firearm. Each member shall be required to complete this certification annually at the time of membership renewal.

Name: _____
(Last, First Middle)

Date of Birth: _____ Gender: _____

Address: _____

Eye Color: _____

Height: _____

Valid NJ Carry Permit Yes No

1) Have you ever been convicted of a crime that has not been expunged or sealed? Yes No

2) Are you subject to any court order prohibiting you from possessing firearms? Yes No

3) Are you subject to any court order issued pursuant to Domestic Violence? Yes No

NOTICE: If you have had a **Final Restraining Order** issued against you within the last two years, you must answer "Yes" and are ineligible to possess a firearm. The period of ineligibility is two years from the date of issuance of the **Final Restraining Order** or the date it was dismissed whichever is longer.

4) Have you ever been convicted of a Disorderly Persons Offense or its equivalent, in any jurisdiction, involving an act of domestic violence that involved the offense(s) of (1) Simple Assault (2) False Imprisonment (3) Lewdness (4) Criminal Trespass or (5) Harassment that has not been expunged or sealed? Yes No

5) Are you an Alcoholic? Note: A recovered alcoholic may answer NO to this question. Yes No

6) Are you dependent upon the use of any narcotic or other controlled dangerous Substance? Yes No

7) Do you suffer from any physical defect or sickness which makes it unsafe for you to handle firearms? Yes No

8) Have you ever been confined for a mental disorder? Yes No

9) Are you presently, or have you ever been a member of any organization which advocates or approves of the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? Yes No

10) Are you a Fugitive from Justice? Yes No

I hereby certify that the answers provided by me are true and correct in every particular. I understand any false answer may subject me to penalty which shall include but may not be limited to the forfeiture of any membership fees.

Signature

Date

ACR Representative

Date