



In order to attend the Firearms Safety class SJSO will need to complete a background check. Please fill out the information below with the information needed.

Please print clearly and use your legal name, nicknames will not be accepted.

Last Name : _____

First Name : _____

Maiden Name : _____

Date Of Birth : _____

Social Security Number : _____

Valid Drivers Licence Number : _____

Will you need St Johns County Sheriff's Office to provide a gun?

Please circle one : YES | NO