



**LONGMONT DEPARTMENT OF PUBLIC SAFETY
AND BOULDER COUNTY SHERIFF'S OFFICE
FIRING RANGE AND TRAINING FACILITY
PUBLIC USE MEMBERSHIP APPLICATION**

DATE: _____

FULL NAME: _____ M or F please indicate
First, Middle, Last

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ **CELL PHONE:** _____

***DRIVERS LICENSE NUMBER:** _____ ***STATE:** _____ ***EXP. DATE:** _____

***SOCIAL SECURITY NUMBER:** _____ ***DATE OF BIRTH:** _____

E-MAIL ADDRESS: _____

Do you currently possess a City of Longmont Recreation Card? Yes ___ No ___

Do you currently possess a permit to carry a concealed weapon (CCW)? Yes ___ No ___

If yes: CCW issued in what jurisdiction? _____

CCW permit #: _____ Date issued: _____

TYPE OF PLAN APPLYING FOR: _____

Are you legally able to possess firearms in the State of Colorado? Yes ___ No ___

CONVICTION RECORD (be specific)

Have you ever been convicted of a felony? Yes ___ No ___

Have you ever been convicted of a misdemeanor? Yes ___ No ___

If yes: attach explanation and give complete details of each offense, investigating law enforcement agency, disposition, dates, and locations.

PLEASE NOTE

*All applicants are subject to a full background investigation upon submittal of the completed application. The **\$100.00** administrative fee is a non-refundable fee to cover expenses incurred during the background investigation. This fee will not be refunded to the applicant regardless of the background investigation outcome and the applicant's ability to receive a membership status.*

**Required information.*

**Attach check or money order (payable to City of Longmont) to application.
If paying by credit card, check here . We will call you to obtain information.**

**Please send application and \$100 fee to:
Support Services – Range - Longmont Department of Public Safety
225 Kimbark Street, Longmont, CO 80501
Questions about the range? Call 303-774-4589**

I hereby authorize Longmont Public Safety Department to conduct a complete criminal background investigation. I have provided full and accurate information as to my personal identification and I acknowledge this information will be used in obtaining the aforementioned criminal background investigation. I hereby certify that all statements made in this member application are true and complete and that any misstatements of material facts will cause immediate disqualification of my application and/or revocation of membership, and subject to criminal prosecution.

SIGNATURE

DATE

How did you hear about the Public Use Option for the LDPS/BCSO shooting range?

(Ex: Rec Brochure, Times-Call, Daily Camera, friend, Gun Show, etc.)

FOR OFFICIAL USE ONLY

| | <u>Date Completed</u> | <u>Completed By</u> |
|--------------------------|------------------------------|----------------------------|
| Application fee received | | |
| Background check | | |

| | |
|----------------------------|--|
| Type of Plan applying for: | |
|----------------------------|--|