



SPORTS SHOOTING FACILITY
LOCATED AT:
5070 HOLT ROAD, HAMPTON, ONTARIO

POSTAL ADDRESS
P.O. BOX 31026, 1300 KING ST. E.
OSHAWA ONTARIO, L1H 8N9
905-263-2581
WWW.MARKSMENCLUB.COM

Applicant name: (print clearly)-----Date-----
Restricted firearms licence (PAL) number-----

I have been a member of a shooting club or firing range-----Yes-----No
If yes most recent club name and date-----
Previous club/clubs prior to above-----
My total non-restricted firearms experience is -----years
My total restricted firearms experience is-----years

I have been a guest of a shooting club or firing range-----Yes-----No
If yes most recent club/range name and date-----
Previous club/clubs/ranges prior to above-----

I have been investigated for my behaviour at a shooting club or firing range-----Yes-----No
If yes was it due to poor or unsafe firearms handling and /or usage?-----Yes-----No
If yes was it due to interpersonal issues with members, theft or vandalism?-----Yes-----No
If yes to either or both please explain------(continue on reverse side)

I have participated in other than target shooting such as I.P.S.C. / P.P.C.
Bulls eye or any discipline using holsters or firing ahead of the firing line.-----Yes-----No
If yes please explain-----
If yes where-----

My firearms Licence has been investigated and / or revoked for any reason-----Yes-----No
If yes please explain------(continue on reverse side)

I (print clearly)-----certify this to be a true and accurate report of my firearms history. I also grant my permission to any background checks the T.M.C. may require processing my application for membership. I am fully aware any false/misleading statements made during my application process will void my application and membership in the T.M.C. I am aware no refunds of any kind will be due to me if my application/membership is terminated in the T.M.C. I understand and have freely completed this report.

Signed x -----Date-----

(do you own a restricted firearm)-----Yes-----No