



Registration for Wisconsin Carry, Inc CCL Free Training Course

Please print clearly. This information will be used for your certificate and the records we must maintain.

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

Street Address: _____ **City:** _____ **State:** **WI** **Zip** _____

Phone Number: (_____) _____ **Email Address:** _____

Date of Birth (MM-DD - YYYY) _____

Wisconsin Carry, Inc Member? Yes (If yes, WCI Member #) _____ No

Date of Course: _____ **Location of Course:** _____

WCI Training Certificate #: _____ (To be filled in by Instructor)

Instructor's Name: _____

This information is correct and current. I have identified myself with either a WI Drivers License [] or WI ID Card []

Signature _____ **Date** _____