This 8-hour class provides the classroom and range instruction necessary to meet certification requirements for a Concealed Weapons Permit.

Students are required to provide their own firearm and 50 rounds of ammunition. They will also be required to purchase 2-3 targets @ $1.00 / each.

INSTRUCTORS:
- Doug Fender
- Steve Burnette

Tuition: $65.00 per person
Non-Credit Application for Admission
Wytheville Community College – Office of Workforce Development
1000 East Main Street, Wytheville, VA 24382
Phone: 276-223-4763 Fax: 276-223-4716

Name ____________________________________________________________________________________________________
Prefix : (Mr., Mrs.) First Full Middle Last Suffix (Jr., Sr.)

Social Security Number: - - See privacy statement, which may be obtained in the Admissions/Records Office.

Former Name _______________________________________________________________________________________________
First Full Middle Last

Date of Birth: _______ / _______ / _______
(Month) (Day) (Year)

Have you previously attended, applied for admission to, or been employed by any Virginia Community College? Yes ☐ No ☐
If yes and you know your Student ID/EMPL ID, please provide: __________________________
What campus do you plan to attend (if known)? _____________________________________________
Primary Phone (include area code): (______)_________ - __________ Ext. _______

Mailing Address _________________________________________________________
(Street Address) (City) (State) (Zip) (Country, if not USA)

Current residence: ___________________________ (City/County) Provide what you consider to be your location of residence.

Have you lived in Virginia for the last 12 months? Yes ☐ No ☐ If no, where else did you live: __________________________
VISA Type ___________________________ VISA Expiration Date ________________________

Email Address ________________________________________________

Emergency Contact Information _______________________________________________________________________________
First Name Last Name Relationship Phone

Employer Name & Address ________________________________________________

Business Phone(______)_________ - __________ Ext. __________ Employer E-mail address __________________________

Ethnicity ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American
☐ Hispanic/Latino ☐ White ☐ Native Hawaiian/Other Pacific Island

Gender ☐ Male ☐ Female

☐ Alien temporary ☐ Not living in the U.S. ☐ Not indicated

Primary Language ☐ English ☐ Other

Military Status ☐ No Military Service ☐ Spouse ☐ Dependent ☐ Active Duty ☐ Active Reserves
☐ Inactive Reserves ☐ Retired ☐ Veteran/VA Ineligible ☐ Veteran ☐ Branch __________________________

Applicant’s Signature: ___________________________________________ Date: __________________________

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), handicap, national origin or other non-merit factors. For further information, contact the Title IX Coordinator in Smyth Hall – Room 110, (276) 223-4869.

Note: Employer, date of birth, sex, and race information are used for research, reporting, and management of student records.

CLASS REGISTRATION

Title Concealed Weapons Permit
Class Prefix LAWS
Course Number Section SIS Class # CEU's Cost Start Date End Date
Concealed Weapons Permit LAWS .8 $65.00