REGISTRATION FORM

STATEMENT OF NO CRIMINAL RECORD, MENTAL ILLNESS, SUBSTANCE OR SPOUSAL ABUSE

By my signature on this application, I state that I have no criminal convictions, am not currently under indictment or prosecution for any offense, and am not wanted for questioning or arrest by law enforcement or a government agency. I further state that I have no history or mental illness or substance abuse. I understand that my training may be terminated at any time during the course if my actions are not deemed appropriate by Koa Services instructors. Upon arriving at the class, I agree to sign a document releasing Koa Services Inc. from any liability that may occur during the course of training. I understand that my class tuition is non-refundable without **one week** advance notice of cancellation.

Applicants Full Name: Last_____ First_____ M.I._____

Current Address:_____
Street or P.O. Box City State Zip

Home Phone:_____ Cell or Work Phone:_____

Email:_____ Fax:_____

Date of Birth:_____/_____/_____ Occupation:_____

Attach a copy of ONE (if you have):
1. Handgun Registration 2. Permit to Acquire Long Gun 3. Concealed Weapons Permit
4. Law Enforcement ID 5. Military ID 6. DOD ID 7. Security Company ID

Applicant's Signature:_____ Date:_____

Course Attending: Date:

CHARACTER WITNESS STATEMENT

A respected member of the applicant's community who has known the applicant for at least five years and is not a member of the applicant's immediate family must complete the following Character Witness Statement.

I, _____, certify that I have known for at least five years the above
(Character Witness Full Legal Name)
applicant and can attest to the good, moral character of the applicant. I recommend the applicant for training in the use of deadly weapons without hesitation or reservation.

Character Witness Signature:_____ Date:_____

Date of Birth:_____/_____/_____ Occupation:_____

Current Address:_____
Street or P.O. Box City State Zip

Home Phone:_____ Cell or Work Phone:_____

Please submit this form and payment **TWO WEEKS PRIOR** to class date to:

Koa Services Inc.
66-250 Kamehameha Hwy. C-201
Haleiwa, Hawaii 96712

*For any further questions please email us at:
wholu@koaservicesinc.com