



# NAAGA FIREARMS INSTRUCTOR APPLICATION

## DIRECTIONS:

1. Fill out each section to the best of your ability. If you need more room for a specific section, continue in Appendix B.
2. When providing your full name and address, note this information will be used to run your background check, so keep that in mind (do not use nicknames).
3. When providing your phone number and email address, this information will be used by students to contact you, and it will be listed publicly (on our website and on any marketing materials), so please keep that in mind.
4. Please upload copies of all certifications referenced in your application.

FIRST NAME:	MIDDLE IN:	LAST NAME:
PREFERRED NAME:		
STREET ADDRESS:		
STREET ADDRESS 2:		
CITY:	STATE:	ZIPCODE:

## PHONE NUMBER

**NOTE: Provide the primary contact number students can call for information.**

AREA CODE:	PHONE NUMBER:
------------	---------------

**NOTE: This information will be posted on our website for public viewing.**

EMAIL ADDRESS:	
WEBSITE:	

## SOCIAL MEDIA

Please list your social media pages.

Facebook.com/
Instagram @
Twitter @
LinkedIn.com/
YouTube.com/
TIK TOK/OTHER

## FIREARMS INDUSTRY ASSOCIATIONS

<b>NAAGA MEMBERSHIP NUMBER</b>	<b>CHAPTER/TITLES HELD</b>	<b>YEAR JOINED</b>
<b>USCCA INSTRUCTOR NUMBER</b>	<b>TITLES HELD</b>	<b>YEAR JOINED</b>
<b>NRA INSTRUCTOR NUMBER</b>	<b>TITLES HELD</b>	<b>YEAR JOINED</b>

## POLICE, MILITARY & GOVERNMENT BACKGROUND

BRANCH	HIGHEST LEVEL OF OFFICE	YEARS	ACCOMMODATIONS / CITATIONS

## EDUCATION

NAME OF HIGH SCHOOL	CITY / STATE	AREA OF CONCENTRATION	HIGHEST LEVEL OF EDUCATION	GRADUATED? Yes or No
NAME OF COLLEGE/UNIVERSITY	CITY / STATE	MAJOR / MINOR	HIGHEST LEVEL OF EDUCATION	GRADUATED? Yes or No
NAME OF COLLEGE/UNIVERSITY	CITY / STATE	MAJOR / MINOR	HIGHEST LEVEL OF EDUCATION	GRADUATED? Yes or No
NAME OF COLLEGE/UNIVERSITY	CITY / STATE	MAJOR / MINOR	HIGHEST LEVEL OF EDUCATION	GRADUATED? Yes or No

## ANY OTHER FIREARMS EXPERIENCE OR CERTIFICATIONS

NAME	CERTIFICATION OR AREA OF STUDY

## CHAPTER AFFILIATION

NAME	SUPPORTING INFORMATION

## APPENDIX B (Additional Information)

SECTION	SUPPORTING INFORMATION

Remember to return this form to the Training Counselor of your choosing. The purpose of this application is to gather information about you, the candidate. You can locate a TC by visiting our website. There you will find the correct contact information.