



ROCKWALL
Gun Club

The Private
Shooting
Experience



15950 TX-205
Terrell, Tx 75160

Local:
972-551-0470

E-mail:
info@RockwallGunClub.com

ROCKWALL GUN CLUB

Background Check Authorization Form

INSTRUCTIONS: For you to gain access to the Rockwall Gun Club facilities, you must complete this Background Check Authorization. This form must be legible and complete to be accepted.

By signing this form, I authorize Rockwall Gun Club, LLC. ("Gun Club") to access and review state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to handle firearms at the Gun Club facilities. I do hereby release the Gun Club and its employees for any damages resulting from furnishing such information.

***IF YOU HAVE A VALID CONSEALED HANDGUN LICENSE (CHL) OR LICENSED TO CARRY (LTC). PLEASE FILL OUT THE INFORMATION BELOW AND PROVIDE A COPY OF YOUR LICENSE.**

I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief, and that I am at least 18 years of age.

First Name: _____ Last Name: _____

S.S. Number: _____ - _____ - _____ (REQUIRED FOR BACKGROUND CHECK)

D.L. Number: _____

State Issued: _____ Expiration Date: _____ / _____ / _____

Signature of Guest/Applicant

Date: _____ / _____ / _____

CHL/LTC INFORMATION ONLY

First and Last Name: _____

CHL Number: _____

D.L. Number: _____

State Issued: _____

Expiration Date: _____ / _____ / _____

Signature of Authorized Gun Club Representative

Printed Name:

Date: _____ / _____ / _____