



NATIONAL RIFLE ASSOCIATION

APPLICATION FOR TRAINING COUNSELOR DEVELOPMENT WORKSHOP ATTENDANCE AND APPOINTMENT

ELIGIBILITY AND APPOINTMENT REQUIREMENTS:

- Current NRA Member (Annual, Life, or Contributory Life).
- Minimum 2 years as an active NRA instructor, with a minimum of 5 NRA Basic Firearms Courses conducted as primary or assistant instructor and a minimum of 25 students trained.
- Successful completion of Training Counselor Development Workshop, with TCDW staff recommendation for appointment.
- Full payment of all Workshop and processing fees.

PLEASE READ CAREFULLY AND SIGN: Appointment as an NRA Training Counselor is a statement by the NRA that in our opinion, and based upon the evidence available to the NRA, the candidate meets the requirements which the NRA has set for the appointment. Appointment does not create a contractual relationship with the NRA and may be revoked at the discretion of the NRA. By applying for appointment to Training Counselor, I acknowledge that NRA appointment is a privilege which may be revoked by NRA at NRA's sole discretion. The candidate for appointment represents, warrants and certifies that he or she is not prohibited by any federal, state or local law, ordinance or regulation from possessing, purchasing or using firearms.

Printed Name: _____ Date: _____

Signature: _____

CANDIDATE INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Instructor ID #	TCDW Desired	TCDW Dates	
Have you ever attended a TCDW?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
MILITARY / LAW ENFORCEMENT SERVICE			
Branch / Agency	From	To	
EDUCATION			
High School Graduate: YES <input type="checkbox"/>	NO <input type="checkbox"/>	College: Graduate: YES <input type="checkbox"/>	Some <input type="checkbox"/>
NO <input type="checkbox"/>			
REFERENCES <small>(You will be required to have these individuals provide letter via regular mail or email per http://www.nrahq.org/education/training/trainingcounselors/tcref.pdf.)</small>			
Full Name		Phone	
Address			
Full Name		Phone	
Address			
Full Name		Phone	
Address			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment, I understand that false or misleading information in my application, during the TCDW, or upon my appointment may result in revocation of appointment.			
Signature		Date	
PAYMENT METHOD			
Payment in full for TCDW must be made in full NLT 60 days prior to attendance. Please select method of payment below.			
Check or money order payments must be accompanied by a copy of this application.			
CREDIT CARD <input type="checkbox"/>	CHECK <input type="checkbox"/>	MONEY ORDER <input type="checkbox"/>	
Phone in: 703-267-1422	Date Mailed: _____	Date Mailed: _____	

Tuition Paid TC Fee Paid TCDW Evaluation Reference Letters HFS Instructor Application N/A TC Evaluation

Mail: NRA, 11250 Waples Mill Road, Fairfax, VA 22030 ATTN: TC Program Coordinator email: <mailto:trainingcounselor@nrahq.org>