

**Idaho County Sheriff's Office  
Basic Firearms Class Application**

Return this form to: Idaho County Sheriff's Office,  
320 W. Main St, Grangeville, ID 83530  
by fax to: 208-983-5313 or email to: [trudys@idahocounty.org](mailto:trudys@idahocounty.org)

**PLEASE PRINT**

Date of class you are registering for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Cell Number \_\_\_\_\_ Other Phone Number(s) \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

Email Address \_\_\_\_\_

**Handgun** - This information is required to be accepted into the class. It is utilized for our purposes only and will not be shared.

Serial Number \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Caliber \_\_\_\_\_

Applicants must be 18 or older and must provide the following:

Weapon - Holster - Ear Protection - Eye Protection - 150 rounds of ammunition

I certify that I am at least 18 years of age and am not federally disqualified from possessing a firearm

Signature \_\_\_\_\_

*A letter will be sent to those accepted in the class approximately 1 week prior to the class.*

Office Use Only:

Criminal History Checked \_\_\_\_\_ Gun Checked \_\_\_\_\_ Date Received \_\_\_\_\_  
Initials Initials