

# WSSA SPECIAL USE APPLICATION

NAME

\_\_\_\_\_  
LAST FIRST MI SURNAME

AKA OR MAIDEN NAME IF APPLICABLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS

\_\_\_\_\_  
STREET # STREET NAME TOWN STATE ZIP CODE

CURRENT EMPLOYER

\_\_\_\_\_

EMPLOYER ADDRESS

STREET # STREET NAME TOWN STATE ZIP CODE

REQUEST FOR SHOOT HOUSE

YES  NO

REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUEST FOR FULLY AUTOMATIC

YES  NO

REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU CURRENTLY BELONG TO ANOTHER RANGE FACILITY?

YES  NO

IF SO, WHICH RANGE FACILITY: PLEASE LIST NAME, ADDRESS AND CONTACT INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO REFERRED YOU TO THIS RANGE FACILITY

FRIEND  RELATIVE  OTHER

IF OTHER, PLEASE EXPLAIN

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST NAME OF REFERRED

