

# Registration Form

## Canadian Restricted Firearms Safety Course



\*The number of seats are limited therefore registration forms will be accepted on a first come first serve basis.\*

**Prerequisite course:** Completed the Canadian Firearms Safety Course & successfully passed the tests.

**Required material:** Manual

- 1) Available for purchase at your local Department of Energy and Resource Development and/or Service New Brunswick offices or
- 2) Download online at <http://publications.gc.ca/site/eng/9.801815/publication.html>

**Completed registration form and payment can be sent by mail, fax or email to:**

Chief Firearms Office  
P.O. Box 6000  
Fredericton, NB E3B 5H1

Email: [nbcfopnb@cfp-pcaf.ca](mailto:nbcfopnb@cfp-pcaf.ca)  
Fax: (506)-457-3521

<b>A. Student Information</b>		I would like to receive my information in:	
		<input type="radio"/> English	<input type="radio"/> French
1. Last name	2. First name	3. Middle name (no initials)	
4. Date of Birth (YYYY/MM/DD)		5. Gender	
		<input type="radio"/> Male	<input type="radio"/> Female
6. Mailing address (Street / Rural route / PO box number)			7. Apt. / Unit
8. City	9. Province	10. Country	11. Postal Code
12. Daytime telephone no. (999) 999-9999	13. Extension	14. Email address	

<b>B. Course Location</b> (if location is not indicated, please enter information in course date requested)			
<input type="radio"/> Bathurst	<input type="radio"/> Fredericton	<input type="radio"/> Moncton	<input type="radio"/> Saint John
<input type="radio"/> Campbellton	<input type="radio"/> Grand-Falls	<input type="radio"/> Plaster Rock	<input type="radio"/> Shippagan
<input type="radio"/> Edmundston	<input type="radio"/> Miramichi	<input type="radio"/> St. Stephen	<input type="radio"/> Woodstock
<b>Course date requested:</b>			

<b>C. Course Fee (classroom instruction and testing): \$65</b>			
<b>*Registration form will not be processed until full payment has been provided.*</b>			
15. Indicate the method of payment. <b>Do not send cash.</b> Make certified cheque or money order payable to <b>Minister of Finance.</b>			
<input type="radio"/> Certified Cheque	<input type="radio"/> Money Order	<input type="radio"/> Visa	<input type="radio"/> MasterCard <input type="radio"/> Debit/Visa card
<b>If paying by credit card, complete this section.</b>			
16. Credit card number	17. Expiry date (mm-yy)	18. Name appearing on credit card	
I authorize the New Brunswick Firearms Office to charge my credit card for the amount shown above (section C)			
_____		_____	
Cardholder's Signature		Date (yyyy-mm-dd)	

Office Use Only	Date	Receipt #	Payment Type	Initial
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**When the Chief Firearms Office has received your completed registration form and full payment, a response email (letter if no email available) will be sent to you within 5 business days.**