



**FIREARMS SAFETY EDUCATION SERVICE OF ONTARIO**  
**ADMINISTRATION OFFICE**  
 FSESO  
 3 Progress Dr. Unit 2,  
 Orillia, ON L3V 0T7  
 Admin Phone: 1-877-322-2345  
 Fax: 705-329-9193

## CFSC/CRFSC NEW INSTRUCTOR APPLICATION

### Section One – Personal Information

<b>Last Name</b> Click or tap here to enter text.	<b>First Name</b> Click or tap here to enter text.	<b>Middle Name</b> Click or tap here to enter text.
<b>Daytime Phone #</b> Click or tap here to enter text.	<b>Evening Phone #</b> Click or tap here to enter text.	<b>Date of Birth</b> Click or tap here to enter text.
<b>Address</b> Click or tap here to enter text.		
<b>City</b> Click or tap here to enter text.	<b>Province</b>  ONTARIO	<b>Postal Code</b> Click or tap here to enter text.
<b>Email address</b> Click or tap here to enter text.		
<b>Mailing Address (if different from above)</b> Click or tap here to enter text.		
<b>In which areas do you plan on teaching?</b> Click or tap here to enter text.	<b>Languages Spoken/Written</b>  English <input type="checkbox"/> French <input type="checkbox"/>  Other (Please List) Click or tap here to enter text.	

### Section Two – Licence and Firearms Training

<b>PAL #</b> Click or tap here to enter text.	<b>Non Restricted</b> <input type="checkbox"/>  <b>Restricted</b> <input type="checkbox"/>	<b># of Years (min of 5 yrs)</b> Click or tap here to enter text.	<b>Expiry Date</b> Click or tap here to enter text.
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<b>Course Info</b>	<b>CFSC (Non-Restricted)</b>	<b>CRFC (Restricted)</b>
<b>Date of Course or Date of Challenge</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Written Exam Results</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Practical Exam Results</b>	Click or tap here to enter text.	Click or tap here to enter text.

### Section Three – Firearms Experience

1. Are you currently working with an FSESO instructor? Yes  No

If yes, which instructor(s)? [Click or tap here to enter text.](#)

2. Have you previously been designated as a CFSC/CRFSC instructor? Yes  No

If yes, please explain why the designation was expired. [Click or tap here to enter text.](#)

Are you currently a member of a gun club?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name of Club: <a href="#">Click or tap here to enter text.</a>
Do you currently have a hunting licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, # of years <a href="#">Click or tap here to enter text.</a>
Firearms experience (please use a separate page if required) <a href="#">Click or tap here to enter text.</a>	

### Section Four – Teaching Experience

1. Please indicate what teaching experience you have. Check those that apply and **provide details on a separate page.**

- Teaching adults
- Teaching youth
- Teaching participants with special needs
- Firearms instruction
- Safety training
- Coaching/teaching sports or other activities
- Teaching/Presenting with Technology

### Section Five – Background Details

1. Have you been convicted of a criminal offence in the past five years for which a pardon has not been granted:

- i. Under the *Criminal Code* or the *Youth Criminal Justice Act* where violence was used, threatened or attempted:
- ii. Involving the misuse, possession or storage of a firearm:
- iii. Involving theft or fraud:
- iv. Involving trafficking or importing drugs or controlled substances

Yes  No

2. During the past five years, have you been subject to a peace bond, protection order, or an order under section 810 of the *Criminal Code*, for which a pardon has not been granted?

Yes  No

***If you answer yes to any of the questions in this section, please provide details on a separate page. A yes answer does not mean your application will not be considered but it may lead to further review.***

## Section Six – References

Please provide 3 references.

Contact Info	Reference One	Reference Two	Reference Three
Name	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Address	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Telephone – Day	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Telephone – Evening	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Email Address	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Relationship	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Please note that if selected to proceed in the Instructor Designation Process, you will be required to submit a Police Criminal Record Check with Vulnerable Sector Check (available from your local Police Service). You will be responsible for the fee associated with the clearance.

I hereby certify that all information provided in this document is true and accurate to the best of my knowledge. I understand that my information will be verified and references contacted. I understand that any information provided that is false or misleading shall result in my removal from the selection process, and if discovered at a later date, may result in disciplinary action, up to, and including, designation cancellation.

Signature \_\_\_\_\_ Date: \_\_\_\_\_