**Chief Deputy**

Jerry Carter

**Captain**

Sammy Banks

*Uniform Division*

**Captain**

Douglas Kitchens

*Court Services*

**Captain**

Marty Roberts

*Support Services Unit*

**Captain**

Keith Crum

*Criminal Investigations Unit*

**1st Lieutenant**

Brice Smith

*Detention*

**Lieutenant**

Paul Gunter

*Training Coordinator*

**Lieutenant**

Tom Kunz

*Westside Precinct*

**Lieutenant**

Ken Ridling

*Civil Unit*

**Lieutenant**

Selena Williams

*Detention*

**Sergeant**

Michael Cunningham

*Office of Professional Standards*

**Sergeant**

Cortney Morrison

*School Resource Unit*

**Corporal**

Richard Howard

*Special Investigations Unit*

**Secretary**

Juanita Threadgill

**2019 Announcement of Citizen’s Firearm Safety Course**

On behalf of Sheriff Ezell Brown and the Newton County Sheriff’s Office Training Unit, I would like to take this opportunity to thank you for your interest in the Citizen’s Firearm Safety Course. The class will consist of information on laws governing use of deadly force, firearm safety, at and away from the firing range, nomenclature of the basic revolver and semiautomatic pistols, and a chance to complete a course of fire at the Newton County Sheriff’s Office Firing Range.

The Citizen’s Firearm Safety Course will consist of a seven (7) hour block of instruction and demonstration on Friday, October 25, 2019 from 8:30 AM to 4:30 PM. The class will be conducted at the Newton County Courthouse Annex located at 1132 Usher St. Covington, GA., from 8:30 AM till 11:30 AM and after lunch, at 12:30 PM, we will meet at the Sheriff’s Office Range located at 272 Lower River Road Covington, GA., for live fire exercises.

Participates must be at least 21 years of age, consent to and pass a criminal background check, and produce a valid Georgia Driver’s License. Participates must also supply **their own firearm and ammunition**. Your firearm and ammunition must be in good and serviceable condition. The firearm must at least be a .380 Caliber.

If you are selected you will be notified by mail, but we prefer to notify you by email if you supply it on the application form. If you do not get a notification, you may contact us to insure there was not an oversight, however it would normally indicate the course was full and you were not selected. **Deadline for applications will be October 18, 2019.**

If you have questions please call Lt. Paul Gunter, Agency Training Coordinator, at 678-625-1444, or Deputy Mandy Peters, Range Master, at 678-625-1404.

Lt. Paul H. Gunter, D Min.

Training Coordinator / Employee Certifications Manager

Completing, signing, and returning this form acknowledges that you are giving the Newton County Sheriff’s Office the authority to run a criminal background check of yourself for the purpose of insuring you meet Georgia and Federal requirements to be in possession of a firearm. When you complete and return, you will also be asked to **produce your driver’s license so we can make a copy**. Thank you for your interest.

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Emergency Contact)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Sheriff’s Office Use Only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

NAME OF TAC OPERATOR COMPLETING APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_