



# New Jersey Concealed Carry Requalification Course

**Note: This course is for existing NJ CCW Permit holders who had taken their initial course at Shongum.**

**When:** There will be 2 (Two) classes. August 27 and September 10. 10 AM to 5 PM in the outdoor pistol area. In order to address all CCW Holders, students are required to pre-register by emailing the form below prior to the class date.

**Note:** These dates are a Sunday. The ranges cannot be used before 10 AM. Practice at 25 yards is temporarily permitted at the pistol area before the day of the class.

**Where:** Shongum Sportsmen's Association outdoor pistol pit.

**Description:** The requalification will be conducted by Bob Bajor (NJ Certified Instructor). [bobbajor@gunskills.com](mailto:bobbajor@gunskills.com)

**What to Bring:** Students must bring their NJ Permit to Carry and the original certificate from Bob Bajor, when they took the class.

### The following is required - Holster Draw

- The holster must be strong side either inside or outside the belt or in a pocket holster. No lower back, appendix carry, cross-draw, ankle, or purse will be permitted.
- 20 rounds and 2 magazines are needed or revolver speed loaders.
- Fire 5 rounds, drop the magazine, reload, and reengage.
- Shooting at 25 and 5 yards. Instruction at 1 yard.
- Up to 45 registrations on each date.
- There is a \$40 fee for this requalification course.

For more information – Contact Rich Gajda ([President@shongum.org](mailto:President@shongum.org))

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**Circle Date(s), rank by preference on Table →**

\$40.00 Bring payment to class.  
Cash (preferred) or make check payable to Bob Bajor.

| Rank | Date     | Day    | Times       |
|------|----------|--------|-------------|
| ___  | 08/27/23 | Sunday | 10AM to 5PM |
| ___  | 09/10/23 | Sunday | 10AM to 5PM |

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shongum Membership #: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Firearm Make/Model/Caliber: \_\_\_\_\_

**EMAIL COMPLETED FORM (SCANNED IMAGE OR PHONE PHOTO PICTURE) TO [PRESIDENT@SHONGUM.ORG](mailto:PRESIDENT@SHONGUM.ORG).** Students will be registered by email date/time.