



## **SDA**

### **CLAIM FORM**

*Ambrose v. Security Guard College, Inc. et al,*  
Case No. 2014 CH 5850 (Cir. Ct. Cook Cnty, Ch. Div.)

#### **CONCEALED CARRY TRAINING CLASS SETTLEMENT**

**AMBROSE V. SECURITY GUARD COLLEGE SETTLEMENT ADMINISTRATOR**

**P.O. BOX 6177**

**NOVATO, CA 94948-6177**

**EMAIL: SDASettlement@kccllc.com**

**FAX NO #: 1-866-508-1041**

**Your Signed Claim Form Must Be Mailed and  
Postmarked No Later Than December 8, 2014.**

**If You Do Not Submit A Claim Form By December 8, 2014,  
You Will Not Receive The Benefits Described In The Class Notice.  
Please Read This Entire Form Carefully.**

#### **I. ELIGIBILITY**

If you purchased a training class intended to satisfy the state training requirements for obtaining permits to carry concealed firearms in Illinois that was sold and conducted by James Andel and/or Security Guard College between October 2013 and March 2014 (the "Concealed Carry Training Class"), you may be entitled to compensation if you timely complete and submit this Claim Form.

#### **II. INSTRUCTIONS**

To receive up to \$145.00 for the Concealed Carry Training Class and up to \$55.00 for Incidental Costs:

- Fill out the Settlement Class Member Information below;
- Include proof of completion of a Concealed Carry Training Class;
- Include Proof of Expenses for any Incidental Costs;
- Sign the Verification at the end of the Claim Form; and
- Return this completed Claim Form and supporting documentation by mail, email or facsimile no later than **December 8, 2014**.





**III. SETTLEMENT CLASS MEMBER INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Date of the Concealed Carry Training Class  
(must attach proof of attendance to be eligible  
for up to \$145.00 of class cost recovery; no proof  
of payment necessary if cost of class and gun  
range did not exceed \$145.00 total): \_\_\_\_\_

Amount Paid for the Concealed Carry  
Training Class and gun range (must attach  
proof of payment if over \$145.00 and you  
wish to seek reimbursement for the excess): \_\_\_\_\_

Amount of Incidental Costs (must attach  
proof to be eligible for Incidental Cost recovery): \_\_\_\_\_

Amount, if any, of refunds already received  
for the Concealed Carry Training Class: \_\_\_\_\_

**IV. VERIFICATION**

I declare under penalty of perjury under the laws of the United States of America and the State of Illinois that the information in this Claim Form is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Please keep a copy of your completed Claim Form and copies of any proof of attendance and/or purchase(s) for your records. Note: if the person executing this Claim Form is acting as a representative for a Settlement Class Member, a certification of current authority to act on behalf of the Settlement Class Member must be included with the Claim Form.**

