

DEFENSIVE TACTICS & FIREARMS TRAINING

COURSE APPLICATION

Course Name _____ Course Date _____ Current Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Primary Phone # _____

Occupation _____ Employer _____

Date of Birth _____ Place of Birth _____

Primary Defense Firearm: Make _____ Model _____ Caliber _____

Prior Training: _____

Emergency Contact Name _____ Emergency Contact # _____

Required documents at time of registration:

- Copy of **US Driver's License** or **US Government Photo I.D.**
- If Civilian, a copy of **current Concealed Weapons permit** /or a statement of **NO Criminal History** from a Law Enforcement Agency on Official Agency Letterhead
- Copy of **current** active duty, reserve, **MIL/LE ID card** (if applicable)

In accordance with ITAR regulations, only US Citizens are accepted to participate in Defensive Tactics & Firearms Training courses.

By submitting this application, I understand and agree:

That I must positively identify myself as the same person certified in the credentials for enrollment.

That Defensive Tactics & Firearms Training depends upon careful, physical self-control, including deadly weapons handling and manipulation by participants, therefore I understand that my participation may be terminated at any time during the course if my conduct is not deemed satisfactory at the discretion of the instructor.

That I will abide meticulously by any and all safety procedures required at training and that I agree to sign a statement releasing Special Response Training, Inc. from any injury I may sustain during the training program.

PAYMENT: Amount _____ Full Tuition is Enclosed
Make check payable to: Special Response Training, Inc.