



## Training Facility Application

### Personal Information

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

LEA Agency/Military Unit \_\_\_\_\_ Rank \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Training Desired

Primary Course \_\_\_\_\_ Date \_\_\_\_\_ Tuition \_\_\_\_\_

### Payment Method

Cash \_\_\_\_\_

Check Enclosed \_\_\_\_\_

Credit Card \_\_\_\_\_ MASTERCARD or VISA (circle one)

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

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

## Credential Verification Policy

Strategic Security Services, Inc. requires applicants to provide the following documentation in order to participate in any training program.

### For All Courses (Enclose a Copy)

\_\_\_\_\_ Driving Record (Law Enforcement exempt)

\_\_\_\_\_ Documentation of no felony criminal history from a law enforcement agency

Strategic Security Services, Inc. P.O. Box 234 Monmouth, Illinois 61462

Phone: 877-734-9432, Fax: 309-734-5955

[www.strategicsecurityservice.com](http://www.strategicsecurityservice.com)

[train@strategicsecurityservice.com](mailto:train@strategicsecurityservice.com)

**Lodging**

Reservations can be arranged for you at the nearest hotel. (Payment for room will be required upon check-in)  
Please list the following information:

Two Person Room\_\_\_\_ Private Room\_\_\_\_  
Arrival date: \_\_\_\_\_Departure date: \_\_\_\_\_

**Additional Support**

Will you be renting any of the following weapons or equipment from us?

Pistol \_\_\_\_\_ Shotgun \_\_\_\_\_ Carbine \_\_\_\_\_

Sniper Rifle Type\_\_\_\_\_ Caliber \_\_\_\_\_ Scope \_\_\_\_\_

Right-handed Holster\_\_\_\_\_

Left-handed Holster\_\_\_\_\_

Magazines: Type\_\_\_\_ Quantity\_\_\_\_

Magazine Pouch: Type\_\_\_\_\_ Quantity\_\_\_\_\_

Will you be purchasing ammunition from us?

Caliber \_\_\_\_\_ Number of Rounds \_\_\_\_\_

**Cancellation Policy**

- Cancellation must be made within 60 days prior to course start date in order to receive a full refund. In the event that a cancellation is made less than 60 days prior to the start date, a \$50.00 cancellation fee will be assessed.
- No refunds will be issued for nonattendance or students who are dropped from training.

**By signing, I understand, represent and agree that:**

1. **I am a citizen of the United States of America.**
2. My credentials meet the minimum requirements outlined by Strategic Security Services, Inc. and I must present positive identification and documentation upon arrival to the course.
3. Course safety relies on safety and control of weapons by each student. If at any time during the course my actions are deemed unsatisfactory or compromise the safety of others, SSS, Inc. staff may terminate my participation.
4. I will abide by any and all safety procedures required by SSS, Inc. Failure to do so will result in termination of training.
5. I agree, upon my arrival, to complete, sign and understand a "Release and Indemnification Agreement" releasing SSS, Inc. from liability for any injury I may sustain or cause during my training.
6. I will be at least 18 years of age at the time of training and of good moral character with no felony record.
7. My sole purpose for seeking this training, provided by SSS, Inc., is to be better prepared to provide lawful service to my employer and/or in performing lawful acts for my own use.

STUDENT SIGNATURE

X\_\_\_\_\_

**-TUITION MUST BE PAID IN FULL AT TIME OF REGISTRATION-**

Classes fill 1 to 3 months prior

Strategic Security Services, Inc. P.O. Box 234 Monmouth, Illinois 61462  
Phone: 877-734-9432, Fax: 309-734-5955  
[www.strategicsecurityservice.com](http://www.strategicsecurityservice.com)  
[train@strategicsecurityservice.com](mailto:train@strategicsecurityservice.com)