



COURSE REGISTRATION APPLICATION

CONSULT. TRAIN. PROTECT. INVESTIGATE.

Student Information

First Name: _____ Last Name: _____

Organization: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____ Fax: _____

Email: _____

Training Requested

Primary Course _____ Date _____ Tuition _____ Discount #: _____

Additional Course _____ Date _____ Tuition _____ Discount #: _____

Payment Method (if applicable)

_____ Check Enclosed Check Number _____ (payable to ARMADA Ltd.)

_____ Purchase Order P.O. Number _____ Company/ Agency _____

_____ Credit Card VISA (circle one) MASTERCARD

Account Number _____ Expiration Date _____

Signature of Cardholder _____ Name on Card _____

Billing Address _____

City _____ State _____ Zip Code _____

-TUITION MUST BE PAID IN FULL WITH REGISTRATION-



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Not Applicable – The Course I am taking **does not** involve firearms

Applicable - The Course I am taking **does** involve firearms

One of the following must be true:

I am an active duty military / reservist personnel. I have a valid state concealed weapon permit. I am a current commissioned law enforcement officer. I am a current state certified security officer or private investigator. I have a federal current security clearance. I completed a state criminal history check within the last twelve months with results showing "No Record Found".

Please list below the military branch and unit, or concealed weapon permit #, or law enforcement agency, or the state issued security guard or private investigator certification number, or the agency that completed your recent background check. You MUST bring a copy of the credentialing document with you to the first day of class for verification:

Statement of Eligibility:

By writing "I Agree" on the line below, I understand that ARMADA may confirm the validity of the information I outlined in this online student application. I understand that failure to comply, or falsification of answers, may constitute non-compliance and may result in removal from the training course. I understand that ARMADA's operations are dependent upon the careful control of each student's professional conduct and safety. Therefore, I understand that my instruction may be terminated at any time if my conduct is deemed unsatisfactory at the sole discretion of the training staff. I further certify I have never been affiliated with, or belong to any gang or other illegal organization engaged in any illegal activities too include international or domestic terrorist organizations. I will abide by any and all professional and safety protocols required. I agree that if required to do so, I will sign a statement releasing ARMADA Ltd. and related parties from all liability.

Questions or Comments:

STUDENT SIGNATURE

X _____ Date: _____