

Person ID (Last Name – Date of Birth entered as MMDDYYYY – Last four of Social Security Number)

NOTICE: You must inform the instructor of any and all medical conditions/injuries.

PRINT LEGIBLE: FULL LEGAL NAME

Name: _____ Attendance: _____
 First Middle Initial Last

Home Address: _____
 Address Apt#

 Town State Zip

Telephone: Home(_____) _____
 Cell (_____) _____
 Email _____

NYS Guard#: _____ **Type:** _____

Expiration Date: _____

Type of Identification: _____ Gender: _____

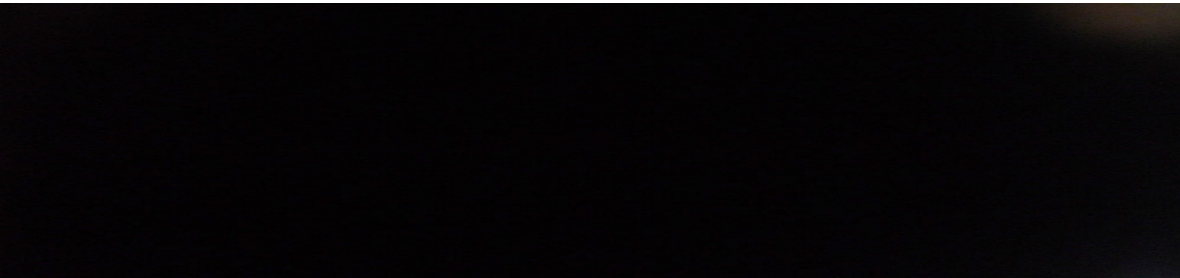
D.O.B. _____ **S.S.#** _____

Employer: _____
(Main Address) Name _____
 Address _____

Telephone: _____
 (Town) State Zip

Emergency Contact: Name Relation Address Telephone and Cell Number

_____ "P [U': j t' Cppwcn'Kpugt'leg'Eqwtug
 Tuition Course(s) Taken



Signature

Date

Firearms Tactics and Training, Inc.
427 W. Main Street Suite 2
Patchogue, New York 11772
www.FirearmsTactics.com
516-521-9055



Enrollment Agreement

This enrollment agreement is a contract signed between the student and the school. This agreement specifies the conditions under which the school will provide instruction to the student. It also specifies all costs a student must pay in order to enroll in a specific training course or program. **A copy of the completed enrollment agreement must be given to the student upon enrollment.**

P.O. Box: _____

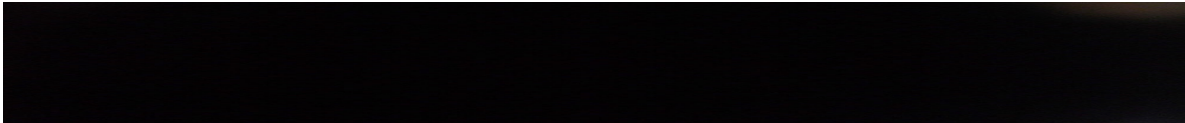
Student Name Print **Entire:** Residence Address to include Apartment #, town, state and zip code

Tel: (H) (_____) _____ (C) (_____) _____ Email _____

Check One	Course Titles	Tuitions (fees)
Security Guard Courses:		
<input type="radio"/>	8 Hour Pre-Assignment Training Course for Security Guards.....	75 Dollars
<input type="radio"/>	16 Hour On-the- Job Training Course for Security Guards.....	150 Dollars
<input checked="" type="radio"/>	8 Hour Annual In-Service Training Course for Security Guards.....	75 Dollars
Armed Security Guard Courses:		
<input type="radio"/>	47 Hour Firearms Training Course for Armed Security Guards.....	560 Dollars
<input type="radio"/>	8 Hour Annual Firearms Training Course for Armed Guards.....	100 Dollars

Armored Car Guard Courses not registered with NYS DCJS, will not renew your armed security guard registration card

****RANGE FEES and AMMUNITION EXPENSES ARE THE RESPONSIBILITY OF THE STUDENT.****



Date(s) of the course(s) to be taken by student

Refund policy:

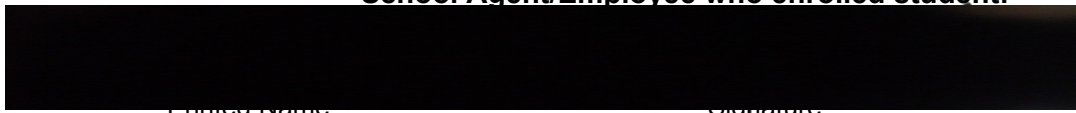
At any time the student can receive a full refund, prior to the course ending.

Statement:

By my signature, I (student) agree to the conditions of this agreement. I also verify that I have read and received a copy of the agreement and the school catalog.

Student Name (print) Student Signature Date

School Agent/Employee who enrolled student:



Printed Name Signature Date



New York State Division of Criminal Justice Services
 SECURITY GUARD PROGRAM
STUDENT ADVISORY NOTICE

SCHOOL NAME Firearms Tactics and Training, Inc.	SCHOOL NUMBER 521517	STUDENT NAME
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Students attending any security guard training course mandated by General Business Law §89-n must be advised of several conditions of this training program that will affect them immediately and in the future. Through this notice, the school is advising the student of these conditions as required by the policies established for this program by the Division of Criminal Justice Services, Security Guard Program (DCJS).

1. The Security Guard Act of 1992 mandates security guard applicants and/or security guards complete the following training courses:

- *8 Hour Pre-Assignment Training Course** – Successful completion prior to employment
- 16 Hour On the Job Training Course** – Successful completion **within 90 days of employment**
- 8 Hour Annual In-Service Course** – Successful completion each year succeeding the first year of employment
- *47 Hour Course for Armed Security Guards** – Successful completion prior to carrying a firearm
- 8 Hour Annual Course for Armed Security Guards** – (For holders of a special Armed Guard Registration Card) Successful completion each year succeeding completion of the 47 Hour Firearms Training course

***Security guards or security guard applicants need only complete this course once – ever.**

2. Completion of this training program is **not a guarantee of employment as a security guard.**
3. To complete security guard training courses, each student must comply with mandated regulations that include strict **attendance requirements and the passing of written examination/s.**
4. Security guard training schools must issue a student who successfully completes a security guard training course a DCJS approved certificate of completion. Schools are required to immediately issue the certificate by New York State Regulations and **may not withhold the certificate from the student for any reason** (9 NYCRR 6027.12(c)).
5. Security guard training schools may establish fees for the training programs they conduct. DCJS does not establish or require any fee related to security guard training. **Disputes over the fees charged for training and other consumer issues should be referred to your local consumer affairs agency (In the City of New York, call 311).**
6. Security guard training schools are required to conspicuously post a DCJS approved warning notice in each classroom.
7. Security guard training schools should must provide each student with a copy of this warning notice and maintain a copy signed by the student and instructor in the course file for inspection by DCJS.
8. Students that observe any violation of the security guard training program are asked to contact DCJS at:

**New York State Division of Criminal Justice Services
 Office of Public Safety, Security Guard Program
 80 South Swan Street
 Albany, NY 12210
 (518) 457-4135**

9. Before being licensed as a security guard, a person must submit to being fingerprinted and a criminal background check. Prior convictions may preclude a person from licensure as a security guard.
10. **All matters regarding the registration of security guards are under the authority of the NYS Department of State, Division of Licensing Services (518) 474-7569.**

		DATE:
STUDENT NAME (PRINTED)	STUDENT SIGNATURE	DATE:

