



D.R.A.W. School Instructor Training Course

Instructor Candidate Registration Application
 Hosted by NCDPS Samarcand Training Academy

INFORMATION MUST BE TYPED, * = MANDATORY FIELD

ALL APPLICATIONS MUST BE SUBMITTED BY FRIDAY, SEPTEMBER 4, 2026		
Check one (1) box below to indicate the course that you would like to attend: EARLY BIRD REGISTRATION DEADLINE IS FRIDAY, AUGUST 7, 2026.		
Instructor Course	Early Bird Registration	Regular Registration
Adv. Patrol Rifle Instructor	<input type="checkbox"/> \$609.00	<input type="checkbox"/> \$659.00
INSTRUCTOR CANDIDATE CONTACT INFORMATION (PLEASE TYPE OR PRINT)		
Name: (Last)	(First*)	(Middle*)
*Agency Name:		*Agency Phone:
*Agency Mailing Address:		
*City:	*State:	*Zip:
*Agency Email:		*Applicant Rank:
*Pers. Email (i.e. Gmail):		*Mobile:
*Supervisor Rank/Name:		*Supv. Phone:
Do you have any physical limitations or medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:		
PAYMENT INFORMATION		
Amount: \$ _____ Method of Payment: Check* <input type="checkbox"/> Credit/Debit <input type="checkbox"/>		
Purchase Order <input type="checkbox"/> Purchase Order* # _____		
<i>*If paying via check or purchase order, an invoice will be sent to the agency for payment.</i>		
Credit/Debit: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/>		
Card Name:		Personal <input type="checkbox"/> Agency <input type="checkbox"/>
Card Number:		Exp. Date: _____ CVV: _____
Billing Address:		
City:	State:	Zip:
If using agency card, applicant certifies authorization to use card listed above. Initials:		
FIREARM, HOLSTER AND AMMUNITION INFORMATION		
Handgun Make/Model:		Caliber:
Rifle Make/Model:		Caliber:
Duty Holster Type:		Retention Level:
SUPPORTING DOCUMENTATION		
The following supporting documentation must be submitted with your completed application: Agency Credentials (Photo ID) <input type="checkbox"/> Agency Letter (In Good Standing) <input type="checkbox"/>		
Scan and send application and supporting documents to JSpeller@FenixTraining.com Mailing Address: Law Enforcement D.R.A.W. School P.O. Box 1768 York, SC 29745		

I certify that I am a sworn law enforcement officer and/or an affiliated instructor and thereby eligible to attend the D.R.A.W. School Advanced Patrol Rifle Instructor course. I am submitting current, non-expired documentation of my credentials as confirmation thereof. **I have read and understand all requirements and policies to attend and complete this training. I further understand the refund policy and course cancelation policy.** I am responsible for travel, reserving my accommodations, ammunition and other related expenses for this course. All information is true and correct to the best of my knowledge. This application may be e-signed.

*Signature: _____ *Date: _____