

TACTICAL SOLUTIONS INSTITUTE, INC.
Application For Training

Course Requested: _____ Course Date: _____
Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (Home) _____ (Work) _____ (Fax) _____

PLEASE CHECK ONE AND PROVIDE INFORMATION REQUESTED:

____ I have enclosed a copy of my drivers license, a letter of good character, and either a copy of my CCW permit, or a statement of no criminal history from a local law enforcement agency.
____ I have enclosed a copy of my current active service with either a law enforcement agency, or United States Armed Forces.
____ I have attended a TSI class and provided credentials within the last two years.
____ I am attending an initial NM. CCW class, and a copy of my current driver's license is enclosed.
____ I am attending a renewal CCW class, and a copy of my current driver's license and CCW permit are enclosed.

BY SIGNING THIS APPLICATION I UNDERSTAND AND AGREE TO THE FOLLOWING:

Please initial.

____ That the credentials enclosed meet the requirements as outlined by TSI, and that I must positively identify myself as the same person certified in the credentials.
____ That TSI's operation depends upon the careful control of deadly weapons by each participant; therefore, I understand that my instruction may be terminated at any time during the course if my conduct is not deemed satisfactory at the sole discretion of the staff and fees will NOT be refunded.
____ That I will abide meticulously by any and all safety procedures required at TSI, and that I agree to sign a statement releasing TSI, from any injury I may sustain during the training program.
____ I will be at least 18 years of age at the time of class OR will be accompanied by my parent or guardian.
____ CANCELLATION POLICY: I understand if the class is canceled, my deposit is fully refundable. If I cancel at least 60 days prior to the first day of class, 1/2 of my deposit is refundable OR the full deposit can be applied to hold another available class. If I cancel with less than 60 days before the beginning of my first class, my deposit is totally NON-REFUNDABLE; half of my deposit can be applied to another available class.

Signature: _____ Date: _____

I have enclosed the following:

1. The completed application
2. Credentials / qualifications
3. **MINIMUM** deposit 1/2 of course fee: cash _____, check _____,

Signature: _____