



Training Application

Student Information

Name: Last _____ First _____ Middle Initial _____
LE Agency/Military Unit (if applicable) _____ Rank _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Fax: _____
E-Mail: _____
Allergies and/or Medical Conditions: _____
Emergency contact person: _____ Phone: _____

Training Requested

Course _____ Date _____ Tuition _____
Course Location _____

Payment Method

_____ Check Enclosed (*payable to Tactical Operations Consulting, LLC*) Check Number _____
_____ Money Order (*payable to Tactical Operations Consulting, LLC*)
_____ Paypal (*please include course name and date in billing*)

-TUITION MUST BE PAID IN FULL WITH REGISTRATION-

By signing, I understand, represent and agree that:

1. **I am a legally permitted to have access to firearms** (Required for all firearms instruction)
2. My enclosed credentials meet the requirements outlined by Tactical Operations Consulting (TOC) and that I must positively identify myself as the same person certified in the application.
3. Range operations depend on careful control of deadly weapons by each student, and if at any time during the course my cooperation is not deemed satisfactory to TOC staff, my participation will be terminated.
4. I will abide by any and all safety procedures required by TOC, and I agree upon my arrival, to complete, sign and understand a "Release and Indemnification Agreement" releasing TOC from liability for any injury I may sustain or cause during my training.
5. I will be at least 18 years of age at the time of training and of good moral character with no felony record or criminal history preventing me from owning a firearm.
6. My only purpose for seeking the training, which I have requested TOC to provide me, is so that I may better be prepared to provide lawful service to my employer or in performing lawful acts for my own use.
7. I consent to having Tactical Operations Consulting, LLC verify my identity and background as required under ITAR and other applicable regulations.

STUDENT SIGNATURE

X _____

Credential Policy

TOC requires applicants for training to submit documentation of responsibility before they are accepted as students. Each prospective student must submit the credentials applicable to the course of instruction desired and include with it a fully complete application form.

For all civilian courses:

_____ Copy of your current driver's license (Only US issued licenses accepted).
OR
_____ Copy of your government issued passport ID

For all law enforcement/military firearms courses:

_____ Military: copy of current Active Duty Military ID card.
OR
_____ Law Enforcement: copy of current agency ID card.

For Advanced firearms courses:

_____ Certificate from prior training or qualification (as required by course description)

For Counter Assault Team Training:

_____ Evidence of no felony criminal history from a law enforcement agency
OR
_____ Copy of DCJS Armed Security Officer Identification

For Tactical Medic:

_____ Copy of EMT certification or Military Equivalent Designation
_____ Letter from a law enforcement agency on their letterhead stating student is supporting a Tactical Team.

Cancellation Policy

- If cancellation is made 14 days or more prior to a scheduled course, a full refund of money paid will be made.
- If cancellation is made less than 14 days prior to a scheduled course, Tactical Operations Consulting, LLC will charge a \$50.00 cancellation fee.
- No refunds for no-shows or drop from training.

Please fill out one registration sheet per student and include funds for tuition payable to “Tactical Operations Consulting, LLC.”

Mail completed forms and funds to:

**Tactical Operations Consulting, LLC
104 South Hampton Court
Stephens City, VA 22655**