

Security Operation Services, Inc.

Security Training Specialists

E-mail: SOSTraining@comcast.net

STUDENT REGISTRATION FORM

PLEASE CHECK YOUR METHOD OF PAYMENT:

Check Money Order Credit Card: Exp.Date: _____

Credit Card #: _____ Visa MasterCard Discover

Signature: _____

PLEASE PRINT LEGIBLY:

Name: _____

Address: _____

City, State, and Zip Code: _____

Phone Number (s): _____

PLEASE CHECK THE CLASS YOU WILL BE TAKING:

Unarmed Guard Training

Concealed Weapons Training

Private Investigations

Fugitive Recovery

Personal Protection Specialist

Advanced Handcuffing Training

Firearms Training

Special Conservator of the Peace

Advanced Firearms Training

ASP Tactical Baton Training

PAYMENT POLICY:

PAYMENT MUST BE RECEIVED IN ORDER FOR YOU TO BE REGISTERED FOR CLASS. WE WILL HOLD THIS SESSION BASED ON YOUR COMMITMENT.

NO REFUND WILL BE GIVEN ONCE CLASS IS SUBMITTED AND APPROVED BY THE DEPARTMENT OF CRIMINAL JUSTICE SERVICES, FOR THOSE CLASSES THAT ARE MANDATED BY THE DEPARTMENT

Signature: _____

Mailing Address:
PO Box 820
Dillwyn, VA 23936

Physical Address
6001 Lakeside Avenue
Richmond, VA 23228

(804) 264-2235
(804) 266-2841 fax