



**STRATEGIC SECURITY  
SERVICES, INC**

**MTT Training Application**

**Student Information**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
LEA Agency/Military Unit (if applicable) \_\_\_\_\_ Rank \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Training Requested**

Course Name \_\_\_\_\_ Dates \_\_\_\_\_ Tuition \_\_\_\_\_  
Location of Course \_\_\_\_\_ Department Sponsor \_\_\_\_\_

**Payment Method**

Check Enclosed \_\_\_\_\_  
Check Number \_\_\_\_\_  
Credit Card \_\_\_\_\_ MASTERCARD or VISA (circle one)  
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature of Cardholder \_\_\_\_\_ Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Lodging**

We can make reservations for you at the nearest hotel for this host agency training program. (Payment for room will be required upon check-in.) Please list the following information.  
Two Person Room \_\_\_\_\_ Private Room \_\_\_\_\_  
Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

**By signing, I understand, represent and agree that:**

1. **I am a citizen of the United States of America.**
2. My credentials meet the minimum requirements outlined by Strategic Security Services, Inc. and I must present positive identification and documentation upon arrival to the course.
3. Course safety relies on safety and control of weapons by each student. If at any time during the course my actions are deemed unsatisfactory or compromise the safety of others, SSS, Inc. staff may terminate my participation.
4. I will abide by any and all safety procedures required by SSS, Inc. Failure to do so will result in termination of training.
5. I agree, upon my arrival, to complete, sign and understand a "Release and Indemnification Agreement" releasing SSS, Inc. from liability for any injury I may sustain or cause during my training.
6. I will be at least 18 years of age at the time of training and of good moral character with no felony record.
7. My sole purpose for seeking this training, provided by SSS, Inc., is to be better prepared to provide lawful service to my employer and/or in performing lawful acts for my own use.

STUDENT SIGNATURE

X\_\_\_\_\_

**-TUITION MUST BE PAID IN FULL ON DAY ONE OF COURSE-**