

**FALKEN INDUSTRIES**  
6997 GATEWAY CT., MANASSAS, VA 20109  
Tel (703) 753-1158 Fax (703) 330-2993  
VA DCJS Training Academy License # 88-1493

## TRAINING CLASS REGISTRATION FORM

Name of Student: \_\_\_\_\_  
(as you would like it to appear of your certificate)

Address: \_\_\_\_\_

City / St. / ZIP: \_\_\_\_\_

Tel: \_\_\_\_\_ email: \_\_\_\_\_

Employer / Agency Name (if working): \_\_\_\_\_

Employer / Agency Address: \_\_\_\_\_

Employer / Agency Phone: \_\_\_\_\_

### PLEASE REGISTER ME FOR THE FOLLOWING COURSE(S):

- \_\_\_\_\_ 01-E Security Officer Core Subjects (entry level / initial training)
- \_\_\_\_\_ 01-I Security Officer Core Subjects (in service / renewal training)
- \_\_\_\_\_ 05-E Armed Security Officer Arrest Authority

Training Class Date(s): \_\_\_\_\_

Payment: - \_\_\_\_\_ Check Enclosed (make payable to: FALKEN INDUSTRIES)

VISA / MC / AMEX / DISCOVER Total: \$ \_\_\_\_\_

Name and Billing Address on Credit Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature for Credit Card \_\_\_\_\_