

INTERNET REGISTRATION FORM  
TJA USE OF FORCE TRAINING, INC.

INSTRUCTOR COURSES

This will be your Instructor Certification Number

STATE Initials /Last 4 of your SS# \_\_\_\_\_

HOME ADDRESS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

AGENCY ADDRESS

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Department Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

COURSE INFORMATION – 1 Form per Course

[Be Specific]

INSTRUCTOR COURSE \_\_\_\_\_

LOCATION \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

DATE(S) OF COURSE \_\_\_\_\_

-----METHOD OF PAYMENT-----

PrnsI CK \_\_ MO \_\_ Dept CK in Hand \_\_ Dept Ck Mail \_\_ PO in Hand \_\_ PO Mail \_\_ CRD CD \_\_

YOU CAN FAX THIS FORM TO (239)-458-8556

Please call Maureen @ 1-800-785-0100 for credit card payment.