



DSI COURSE REGISTRATION FORM

Registration form must be filled out completely and emailed to info@distributedsecurity.com **or** received via regular mail at **Distributed Security Inc. P.O. Box 201 Island Lake IL 60042** *seven days prior* to your course date. Distributed Security Inc. or "DSI" reserves the right to deny training to anyone for any reason. In the event that your registration is not accepted, the course fee will be promptly refunded in full.

Course Name _____ Course Date ____/____/____

Full Legal Name _____

Date of Birth ____/____/____ Drivers License # _____ Email Address _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Occupation _____

To ensure that those training with you are persons of good ethical character, all applicants are required to provide one of the following forms of information. Please check one, then bring the original to your course for verification. Should you not have any of these forms we can do a criminal background check for you.

- Current concealed carry permit or federal firearms license.
- State weapons permit card (i.e.; Illinois FOID) **and** an official issued ID (Drivers License/Passport etc.)
- Evidence of no criminal history form a local law enforcement agency printed on official department letterhead, or a statement of good character from a local official; i.e. chief of Police, sheriff, District Attorney, Judge, etc.
- Evidence of current, active, full line service with public law enforcement agency, or with the United States Armed Forces.
- Form 4473 "Brady Check" (See the gun store that you purchased your handgun from for a copy.)
- I have none of the above credentials. Please run a criminal background check for me. I understand I will be charged an additional non-refundable \$20 for the background check.

By my signature on this application, I state that I understand my training may be terminated at any time during the course if my actions are deemed inappropriate by the Distributed Security Inc. staff. Upon arriving at the course, I agree to sign a document releasing DSI. from any liability that may occur during the course of training, or thereafter.

Applicants' Signature _____ Date ____/____/____

EMERGENCY INFORMATION - *In case of emergency please contact:*

Name _____ Relationship _____ Phone _____

Street Address _____ Unit # _____ City _____ State _____ Zip _____