

**DEFENSIVE EDGE TRAINING AND CONSULTING, INC.**

**LAW ENFORCEMENT TRAINING APPLICATION**

**INSTRUCTIONS:**

This Law Enforcement Training Application is for use by law enforcement personnel only. Some classes are for Law Enforcement only; the material is not for the general public. For Law Enforcement classes, we need verification that all students are in the law enforcement profession before class begins.

**Credential Policy for Law Enforcement Classes:**

We understand that providing a copy of your license or law enforcement ID is not allowable in some cases and respect this. However, in order to verify law enforcement status, we request verification in ONE of the following ways:

1. The request for training is provided via government agency email address OR
2. The request for training is provided via government agency fax or letterhead OR
3. The request for training is provided with Police ID, either before class begins, or at class on the first day of class.

Your registration will be confirmed after we have received the following items:

1. This completed application.
2. Payment arrangements are required before class. We accept purchase orders from government agencies and will send an invoice to your agency. We also accept credit card payments through our secure website. All fees are non-refundable, but may be applied to any other course within 60 days of original course date, if you are unable to attend the scheduled class. If the class is cancelled the registration fee is refunded.

Title of Class and Date: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Electronic Payment \_\_\_\_\_ Purchase Order/Invoice \_\_\_\_\_

Name: \_\_\_\_\_ DOB (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (This is the address your confirmation is sent to)

Firearm Make: \_\_\_\_\_

Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Applicants under 18 years of age** must be accompanied by a parent or legal guardian, and must provide a letter from their local Police Department stating that they have no criminal history.

All students will be required to show a valid State Picture Identification Card or Drivers License at the day of training.

Send completed application, payment for class or deposit to: Defensive Edge, P.O. Box 682, Anoka, MN 55303. Fax number (763) 712-1434.