



Security Training Registration Form _____

Registration Date M/D/YR

Please email to instructor@traintoprotect.com, or mail to Fred Behnken, PO Box 19232, Albuquerque, NM 97119-include your payment if mailed , Questions call 505-254-7550. Retain a copy of this form.

_____ | _____ | _____ | _____
Last Name First Name Middle Initial "Nick Name"

_____ | _____ | _____
Mobile Phone Number Home Phone Number Email Address

_____ | _____ | _____ | _____
Mailing Address City Zip code Date of Birth M/D/YR

_____ | _____
Security Organization Employed By or Future Employment Class Dates Selected

Circle the types of certificates you need.

Initial NM Security Level ONE NM Level TWO Initial NM Level THREE handgun

Annual NM Level THREE Firearms Recertification

AZ Unarmed Guard AZ Armed guard AZ Unarmed Guard Renewal

AZ Armed Guard Renewal Security Supervisor Certification

Baton Chemical Agent Stun Gun First Aid NM Continuing Education

1. Do you have any physical limitations that could affect you in this training?
2. What regular physical training do you do?
3. What related courses have you had in the past?
4. Do you have a self defense incident that you need to talk privately to the instructor about?
Please call us to talk if needed. [] yes [] no

_____ | _____
Emergency Contact Person Name Phone Number



Name

class date

course name attending today

Security Guard Assessment

1. Describe two safety rules you follow when working as a Security Officer.
2. Describe items you would find in your job instructions(post orders).
3. How often do you do practice safety and tactics training?
4. Describe the process used to perform a maintenance on your communications equipment.
5. What are the methods you use for weapon security?
6. When should deadly force be used?
7. How do you respond to an emergency?

Thank you