



LADD Security Management Consultants, Inc.

# SECURITY OFFICER (SORA) TRAINING REGISTRATION FORM

**PLEASE COMPLETE BOTH SIDES OF THIS FORM!  
PLEASE PRINT CLEARLY & SIGN WHERE INDICATED!**

*(This Information MUST match the information you provide to the NJSP)*

REGISTERING AS:

NEW APPLICANT

RENEWAL

\*NJSP APPLICANT ID #: \_\_\_\_\_

*\*Must obtain this Online from NJSP*

ARMED OFFICER

ACTIVE DUTY LEO

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BEST PHONE #: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?:       INTERNET     FRIEND/RELATIVE     RETURNING STUDENT

OTHER: \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**= THIS IS A TWO-PAGE FORM. COMPLETE & SIGN BOTH PAGES =**

**- For Instructor Use -**

Temp: \_\_\_\_\_ Paid:  Cash: \_\_\_\_\_  Money Order: \_\_\_\_\_  Online: \_\_\_\_\_

---

PRINTED STUDENT NAME

---

DATE(S) OF CLASS

Please CHECK OFF the answer(s) which apply:

---

1. **Have you or anyone in your household traveled outside of New Jersey in the past 14 days?**  YES  NO

---

2. **In the past 14 days, have you or anyone in your household had contact with anyone suspected to have contracted COVID-19?** (Including being tested for COVID-19, & being in self isolation for COVID-19)  YES  NO

---

3. **In the past 14 days, have you or anyone in your household had contact with any person confirmed to have contracted COVID-19?**  YES  NO

---

4a. **In the past 14 days, have you or anyone in your household currently been exposed to someone with flu-like symptoms** (cough, shortness of breath or fever)  YES  NO

---

4b. **If YES to the above answer, are these SYMPTOMS CURRENT?**  YES  NO

---

5. **In the last Seventy-Two (72) hours, have you or anyone in your household experienced any of the following symptoms:** (Please check **ANY** that apply - if **NO** symptoms, please indicate at bottom)

Fever  Coughing  Sore Throat  Muscle Aches  Stomach Pains

Difficulty Breathing or Shortness of Breath  Vomiting and/or Diarrhea

Pink Eye or Bloodshot Eyes  Rash  General Fatigue or Feeling Unwell

**I CURRENTLY HAVE NO SYMPTOMS**

---

### CLASS AGREEMENT AND WAIVER

As the STUDENT named herein, I hereby certify that I am completely aware of all the rules and requirements for certification / re-certification as a NJ Security Officer under the NJ Security Officers Registration Act, including minimum number of training hours, requirements for written testing, and the taking of an identification photograph. In consideration of the current COVID-19 health crises, I agree to voluntarily provide the requested health/medical information on this form, and waive my HIPPA rights in doing so. I affirm that all of the answers provided in this questionnaire are true and accurate to the best of my knowledge, and that I agree to abide all class requirements and rules.

By registering for this class, I hereby state that I am both physically & medically capable of participation in this class, and that I agree to assume all risk by attending this training class. In consideration for my acceptance to attend this class, I volunteer and accepting sole liability for all actions resulting in personl injury or illness. I hereby indemnify and holding harmless, all companies, employees, agents and facilities associated with the delivery of this course, individually and collectively from any liability incurred as a result of my attendance in this course.

---

Signature of Student & Date

---

Instructor Initials & Date