



LADD Security Management Consultants, Inc.

SECURITY OFFICER (SORA) TRAINING REGISTRATION FORM

REGISTRATION TYPE:

- NEW APPLICANT**
 ARMED OFFICER
 *N.J.S.P. APPLICANT ID #: _____
**You MUST REGISTER ONLINE with the NJSP!*
- RENEWAL**
 ACTIVE DUTY LEO
 CPR/AED (PLAN B) (CPR RENEWAL)

PLEASE PRINT CLEARLY & SIGN WHERE INDICATED!

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

FULL NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____ APT. #: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

CELL PHONE #: _____ HOME PHONE#: _____

EMAIL ADDRESS: _____

CURRENT OCCUPATION: _____

EMPLOYER NAME: _____ NOT EMPLOYED

SUPERVISOR NAME: _____ WORK PHONE #: _____

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

OTHER: _____

CLASS AGREEMENT AND WAIVER

As the STUDENT named in this registration, 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 any actions on my part which may result in personal 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. I am also aware of and understand all of the rules and requirements for certification and/or re-certification as a Security Officer under the New Jersey Security Officers Registration Act (SORA), including the number of training hours, written testing, and the taking of an identification photograph, and that I agree to abide all class requirements and rules.

_____ Signature of Student	_____ Date	_____ Instructor
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- DO NOT WRITE BELOW - Office Use -

Paid: Cash: _____ Money Order: _____ Online: _____ OTHER: _____