



LADD Security Management Consultants, Inc.

# COURSE REGISTRATION FORM

REGISTRATION TYPE:

- NEW APPLICANT**    
  **S.O.R.A. RENEWAL**    
 \*N.J.S.P. APPLICANT ID #: \_\_\_\_\_  
\*ALL STUDENTS **MUST** HAVE AN APPLICANT ID NUMBER!!
- ARMED STATUS**    
  **LEO**    
 **ADD CPR (PLAN B)**    
 **CPR ONLY**    
 **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: \_\_\_\_\_

### STUDENT AGREEMENT AND WAIVER

As the STUDENT named in this registration, I wish to register for the course(s) indicated on this registration being offered by LADD Security Management Consultants (LADD). By participating in this course, I agree to abide by all of LADD's class rules and requirements, including the taking of an identification photograph, as required under the New Jersey Security Officers Registration Act (NJSORA). I also agree to accept LADD's Terms of Service and Refund Policies. In consideration for my acceptance to attend this course, I agree to assume all risk while attending this training class, and agree to accept sole liability for all actions on my part which may result in personal injury or illness. I hereby indemnify and hold harmless, LADD Security Management Consultants, its 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 further understand and accept my individual responsibilities for compliance with the New Jersey Security Officers Registration Act and understand that LADD does not regulate or control the approval or issuance of any license, certificate which would authorize me to operate as a Security Officer in New Jersey.

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

\_\_\_\_\_  
Date of Class

**- DO NOT WRITE BELOW - INSTRUCTOR USE ONLY -**

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ Ins. \_\_\_\_\_ Account: \_\_\_\_\_