

THE ILLINOIS POLICE TRAINING COLLEGE

THEIPTC.COM

Student Information

Legal Name: Last _____ First _____ Middle Initial _____
LEA Agency/Military Unit (if applicable) _____ Rank _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Fax: _____
E-Mail: _____ Country of Birth: _____
Country of Citizenship (List All): _____
Emergency Contact Person: _____ Phone: _____

Training Requested

Primary Course _____ Date _____ Tuition _____ Location _____
Additional Course _____ Date _____ Tuition _____ Location _____

Payment Method

_____ Check Enclosed (*payable to U.S. Training Center*) Check Number _____
_____ Purchase Order P.O. Number _____ Agency _____
_____ Credit Card VISA, MASTERCARD, or AMERICAN EXPRESS (Circle One)
Account Number _____ Expiration Date _____
Signature of Cardholder _____ Name on Card _____
Billing Address _____
City _____ State _____ Zip Code _____

How did you find out about THE KILL HOUSE Training Center?(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Magazine(Which one?) _____ | <input type="checkbox"/> Prior Student |
| <input type="checkbox"/> Friend(Name of Friend) _____ | <input type="checkbox"/> THE KILL HOUSE Alumni Member |
| <input type="checkbox"/> Radio(What station?) _____ | <input type="checkbox"/> Internet (Which Site?) _____ |
| <input type="checkbox"/> Television(What station?) _____ | <input type="checkbox"/> Other (Please specify) _____ |

-TUITION MUST BE PAID IN FULL WITH REGISTRATION-

By signing, I understand, represent and agree that:

1. I am a citizen of the USA .If not specify _____
2. My enclosed credentials meet the requirements outlined by The kill house. Including proof of citizenship and legal status in the United States, and that at arrival at THE KILL HOUSE I will positively identify myself as the same person certified in the application.
3. Range operations depend on careful control of deadly weapons by each student, and if any time during the course my cooperation is not deemed satisfactory to THE KILL HOUSE staff, my participation will be terminated.
4. I will abide by any and all safety procedures required by THE KILL HOUSE, and I agree upon my arrival, to complete, sign and understand a "Release and Indemnification Agreement" releasing THE KILL HOUSE from liability for any injury I may sustain or cause during my training.
5. I will be at least 18 years of age at the time of training and of good moral character with no felony record.
6. My only purpose for seeking the training, which I have requested THE KILL HOUSE to provide me, is so that I may better be prepared to provide lawful service to my employer or in performing lawful acts for my own use.
7. I consent to having THE KILL HOUSE verify my identity and background.

STUDENT SIGNATURE:

X _____

Credential Policy

The kill house requires applicants for training to submit documentation of responsibility before they are accepted as students. Each prospective student must submit the credentials applicable to the course of instruction desired and include with it a fully complete application form.

For all courses:

- _____ Copy of their current driver's license.
_____ Proof of citizenship and place of birth based in the form of the following documents:
- (1) a copy of their unexpired passport (including Visa page(s)), birth certificate, U.S. Citizenship ID card, or U.S. Legal Permanent Resident ID card ("green card") AND
 - (2) a copy of government-issued photo ID (driver's license, military photo ID, government ID card).
 - (3) foreign passport.

Applications missing these documents will be returned.

For all firearms courses

Military:

_____ Copy of current Active Duty Military ID card.

Law Enforcement:

_____ Copy of current agency ID card.

Civilian:

_____ Evidence of no felony criminal history from a law enforcement agency on their letterhead or photocopy of current Concealed Weapons Permit **AND**

_____ Letter of good character from your employer or other community leader. Former military personnel may provide a copy of their DD214 as an alternative. Some courses will require a copy of the applicable Federal Firearms license.

For Advanced firearms courses.

_____ Certificate from prior training or qualification (as required by course description)

For High Risk Security Operations:

- _____ Copy of driving Record (L.E. exempt)
_____ Evidence of no felony criminal history from a law enforcement agency (all students)

Arrival Date: _____ Departure Date: _____

Additional Support

Will you be renting a weapon or weapons from us?
Pistol _____ Shotgun _____ Carbine _____
If renting, what type pistol or shotgun? _____
(Glock, SIG, Beretta) (Remington or Mossberg)

Will you be purchasing ammunition from us?
Caliber _____ Number of Rounds _____
Caliber _____ Number of Rounds _____

NOTE: Should you need more ammunition than indicated above, the additional ammunition must be purchased from our Pro Shop, with payment at the time of purchase.

Cancellation Policy

- If cancellation is made 30 days or more prior to a scheduled course, a full refund of money paid will be made.
- If cancellation is made less than 30 days prior to a scheduled course, U.S. Training Center will charge a \$50.00 cancellation fee.
- No refunds for no-shows or drop from training. If rescheduling is necessary, please contact our Sales Department.

Will you need any of the following?

Holster:
Right-handed _____
Left-handed _____

Magazines:
Type _____ Qty _____
Type _____ Qty _____

Magazine Holders:
Type _____ Qty _____
Type _____ Qty _____