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NAME \_\_\_\_\_ COUNTRY \_\_\_\_\_

EMAIL \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

STREET \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ MOBILE \_\_\_\_\_

CITY \_\_\_\_\_ FAX \_\_\_\_\_

STATE / PROVINCE \_\_\_\_\_

CLASS DATE \_\_\_\_\_

CLASS NAME \_\_\_\_\_

CLASS LOCATION \_\_\_\_\_

<i>(Check one)</i>	
US LAW ENFORCEMENT *	NON-US LAW ENFORCEMENT **
US MILITARY *	NON-US MILITARY **
US SECURITY PROFESSIONAL *	NON-US SECURITY PROFESSIONAL **
US PRIVATE CITIZEN *	NON-US CITIZEN **
<i>* Proof of credentials and/or lack of criminal history required</i>	<i>** All ITAR regulations and fees apply</i>

PAYMENT AMOUNT: \_\_\_\_\_

Min. 50% DEPOSIT REQUIRED FOR REGISTRATION, BALANCE DUE NO LATER THAN 7 DAYS PRIOR TO CLASS DATE  
 Student initiated cancellation policy: 30 days or greater to class date is 95% refund, less than 30 days is 90% refund.

**PAYMENT OPTIONS:**

MAIL IN CHECK

MAIL IN GOV PURCHASE ORDER

PLEASE CONTACT ME FOR CC INFO

CREDIT CARD NUMBER: \_\_\_\_\_ EXP \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

**WARNING: It is not recommended to email your credit card information**

By checking the box and signing below, I certify I have no criminal convictions that prevent me from legally possessing, owning or purchasing firearms, have no official or unofficial history of mental illness or substance abuse, have never been affiliated with or belong to any gang or other illegal organization involved or engaged in any illegal activities and have not been dishonorably discharged from the US Armed Forces.

I CERTIFY THE ABOVE IS TRUE:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICATION SUBMISSION OPTIONS:**

- SUBMIT THIS APPLICATION VIA EMAIL [Registrations@LMSDefense.com](mailto:Registrations@LMSDefense.com)
- FAX COMPLETED FORM TO: 775-201-0240
- MAIL COMPLETED FORM TO: 1285 BARING BLVD., SUITE 168, SPARKS, NV 89434

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