



National Security Training Academy, LLC

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Virginia Department of Criminal Justice Services License Number 88-1204

Student Enrollment Form

(Please Fill In All Spaces Indicated with an Asterisk *, This is Required Information For Academy Records)

STUDENT INFORMATION

* Last Name _____	* First Name _____	Middle Initial _____	
* Mailing Address _____	City _____	State _____	Zip _____
* Social Security Number _____ - _____ - _____	* Phone (____) _____ - _____	* Date of Birth ____/____/____ (MM / DD / YY)	
Company Name _____	DCJS License # 11- _____	* Contact Name _____	

PAYMENT AND CONFIRMATION INFORMATION

Payment must be made before the Confirmation of Enrollment will be Sent.

Check # _____ Payable to: **National Security Training Academy** Visa MasterCard AmExpress Discover

Credit Card Number	_____
Expiration Date	_____ V-Code _____
Name on Credit Card	_____

SEND CONFIRMATION LETTER BY: **FAX:** (____)-____-____ **E-Mail:** _____

COURSES REQUESTED

ENTRY – LEVEL

<input type="checkbox"/> Locksmith	25E	18 Hrs.	Dates _____	Amt. _____
<input type="checkbox"/> Electronic Security Technician	30E & 35E	14 Hrs.	Dates _____	Amt. _____
<input type="checkbox"/> Electronic Security Sales	30E & 39E	8 Hrs.	Date _____	Amt. _____
<input type="checkbox"/> Sales & Technician Combo	39E,30E & 35E	18 Hrs	Dates _____	Amt. _____
<input type="checkbox"/> E. S. Technician Assistant	30E (Only)	4 Hrs.	Date _____	Amt. _____
<input type="checkbox"/> Central Station Dispatcher	30E & 35E	8 Hrs.	Date _____	Amt. _____

ADDITIONAL CATEGORY

<input type="checkbox"/> Electronic Security Sales	39E (Only)	4 Hrs.	Date _____	Amt. _____
<input type="checkbox"/> Electronic Security Technician	35E (Only)	10 Hrs.	Date _____	Amt. _____

IN-SERVICE

<input type="checkbox"/> Locksmith	25I	4 Hrs.	Date _____	Amt. _____
<input type="checkbox"/> Electronic Security Technician	35I	4 Hrs.	Date _____	Amt. _____
<input type="checkbox"/> Electronic Security Sales	39I	4 Hrs.	Date _____	Amt. _____
<input type="checkbox"/> E. S. Sales & Technician Combo	35I & 39I	8 Hrs.	Date _____	Amt. _____
<input type="checkbox"/> Central Station Dispatcher	38I	4 Hrs.	Date _____	Amt. _____

REFUND POLICY

TOTAL _____

Refunds are available only if the enrollment is cancelled 48 hours or more before the start of the Class.

THIS FORM MAY BE DUPLICATED AS NECESSARY