

## National Security Training Academy

PO Box 684 • Springfield • Virginia • 22150

director@nsta.com

www.nsta.com

Phone 703-591-2047 • Fax: 703-591-1794 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	
* Mai	ling Address	City		State	Zip	
* Las	t 4 of Social Security Number XXX - XX	OR DCJS	S ID # 99	* Phone (		
Com	pany Name					
				ON INFORMATI n of Enrollment will b		
[ ] C	heck # Payable to: National Secu	rity Training Aca	demy [ ] Vi	sa [ ] MasterCard		
	Credit Card Numb	er				
	Expiration Date			V-Code		
	Name on Credit Co	ard				
SEN	ND CONFIRMATION LETTER B'			E-Mail:		
		COURSE	S REQUE	STED		
	TRY – LEVEL	205 0 255	4.4.77	<b>.</b>	•	
	Electronic Security Technician		14 Hrs.		Amt	
	Electronic Security Sales Sales & Technician Combo	30E & 39E	8 Hrs.		Amt	
[]	E. S. Technician Assistant	39E,30E & 35 30E (Only)	4 Hrs.	Dates	Amt	
[]	Central Station Dispatcher	30E & 38E	8 Hrs.	Date		
AD	DITIONAL CATEGORY					
[]	Electronic Security Sales	39E (Only)	4 Hrs.	Date	Amt	
[]	Electronic Security Technician	35E (Only)	10 Hrs.	Date	Amt	
IN-	SERVICE					
[]	Electronic Security Technician		4 Hrs.		Amt	
[]	Electronic Security Sales	39I	4 Hrs.		Amt	
[]	E. S. Sales & Technician Combo		8 Hrs.	Date		
[]	Central Station Dispatcher	38I	4 Hrs.	Date	Amt	

**REFUND POLICY**