



CALIFORNIA SECURITY ACADEMY

BSIS FACILITY TFB/TFF 260

APPLICATION AND PERSONAL TRAINING INFORMATION

Name _____ CDL _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ Cell (____) _____ Work (____) _____
DOB ____/____/____ POB _____ SSN _____

Please check the box that indicates the training or courses that you are interested in attending:

- Guard Card Teargas Certification Police Baton Certification Security Officer Firearm
 Arrest Control/Handcuff Combat Shoot Low Light Shoot Other _____

Please check the box that indicates the type of weapons training you are interested in attending:

- Hand Gun Law Enforcement Weapons/Type _____ Other _____
 Tactical Shotgun Military/Tactical Rifle Other _____

Do you have a military or Law Enforcement background? No Yes, Briefly describe; _____

Why have you chosen to take this/these course/s? _____

How did you hear of California Security Academy? _____

Please give us a brief paragraph on your personal background, arrest history, training history: _____

Please download and complete the questionnaire, fax or e-mail to below address or fax

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