



TACTICAL ANALYSIS GROUP STUDENT ENROLLMENT FORM

Complete this form and submit to TAG, LLC at dcrtag@gmail.com for approval. If you have questions, please email us Text or call (417) 708-2072, or ask your on site training facilitator. A fully completed Student Enrollment Form, government issued photo identification, and payment in full is required prior to training commencement.

(Each Student must submit a separate form)

LAST NAME: _____ FIRST NAME: _____ MI: _____
GOV'T ID NUM: _____ STATE: _____ GENDER: _____ AGE: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
CONTACT PHONE(S): _____ EMAIL: _____

COURSE (s) APPLYING FOR: *(MINIMUM 50% down payment required at registration with balance due on day of training)*

PRECISION MARKSMAN/OBSERVER: _____ PRACTICAL PISTOLCRAFT: _____ CCW IMPROVEMENT: _____
TACTICAL CARBINE: _____ TACTICAL SHOTGUN: _____ LE FIREARMS DEVELOPMENT: _____ LEOSA QUAL: _____

(Prices listed in course brochure or by written quote from the TAG, LLC Director)

PLEASE CHECK AT LEAST ONE ID CATEGORY: *(HAVE IDENTIFICATION WITH YOU)*

1. CIVILIAN (NON-CCW): _____ 2. CIVILIAN (W/ Current CCW): _____ 3. ACTIVE MILITARY: _____
4. LAW ENFORCEMENT: _____ 5. GOV'T CIVILIAN/ CONTRACTOR/ OTHER: _____

* If you checked No. 5 above: Describe your status: _____

LAW ENFORCEMENT ONLY: (Please have Agency Identification with you at start of training)

AGENCY: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ AGENCY PHONE: _____

SUPERVISOR: _____ COMMISSIONED: FULL TIME: _____ PART TIME: _____ RESERVE: _____

~ AS: PATROL: _____ SWAT/SRT: _____ DETECTIVE: _____ COMMAND: _____ CORRECTIONS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY

YES NO

- 1. Have you ever been convicted of a Felony crime or a misdemeanor involving narcotics, domestic violence or moral turpitude? YES NO
- 2. Are you currently under indictment or investigation for a crime that is punishable by more than one year in jail? YES NO
- 3. Are you a fugitive from justice or subject to a current restraining order of protection? YES NO
- 4. Do you use unlawful drugs, improperly use prescription drugs, or a habitual user of marijuana? YES NO
- 5. Have you ever been judged mentally incompetent, or are currently under the care of a psychiatrist for any mental disorder? YES NO
- 6. Have you ever been discharged from the military under Dishonorable conditions? YES NO
- 7. Are you illegally in the United States? YES NO
- 8. Have you ever renounced your citizenship or supported groups that advocate the unlawful overthrow of the United States government? YES NO
- 9. Have you illegally obtained any firearms(s) that you intend to use in any TAG training? YES NO
- 10. Do you currently have any serious medical condition that could be made worse by physical techniques training such as standing, bending, walking, running? YES NO

I hereby affirm that all of the information provided on all pages of this Student Enrollment Application is true, complete, and accurate to the best of my ability. I have not knowingly concealed any information from Tactical Analysis Group (aka: TAG, LLC) that might disqualify me from training or create risk or liability to others by my non-disclosure. I understand that falsifying information on this application or to any representative of TAG, LLC may be grounds for my dismissal from training. I further understand the director of TAG, LLC has the right to refuse or halt weapons and/or tactics training to anyone, especially those he has evidence to believe may be obtaining such training for false purposes, subversive or criminal activities, or anyone whom he determines is a safety or security risk.

Any additional information that may affect your training? _____

PRINT FULL NAME: _____ DATE: _____

SIGN: _____