



CROKER FIRE & LIFE SAFETY INSTITUTE

THE FIRE AND LIFE SAFETY PROFESSIONALS - SINCE 1911

CERTIFIED BY NEW YORK STATE

NEW YORK STATE SECURITY GUARD TRAINING COURSES

TO SEE A LIST OF COURSE DATES OR REGISTER ON-LINE AT WWW.CROKERFIREDRILL.COM/CLASSES

ALL INFORMATION IS REQUIRED TO BE REGISTERED. - INCOMPLETE APPLICATIONS WILL BE NOT BE PROCESSED.

Print Name: _____
Home Address _____ AS YOU WISH TO APPEAR ON YOUR CERTIFICATE
City, State, Zip: _____ E-Mail Address: _____
Home Cell Tel.: _____

New York State 8-Hour Pre-Assignment Course \$45.00

You can only work TEMPORARILY up to 90 days with this course.

New York State 16-Hour OJT (On the Job Training) Course \$90.00

Required by State Law within 90 days of your candidate's employment.

New York State 8-Hour Annual Course \$45.00

State law requires security guards complete two annuals during their registration period.

Class Date: _____

Form of Payment: Check payable to: Croker Fire & Life Safety Institute Amount: _____
(No Personal Checks) Attn: Linda DiCola, 235 Brookside Drive, Hauppauge, NY 11788

If paying by credit card, you may register on-line at www.crokerfiredrill.com/classes or fax completed registration to (631) 277-5802. Telephone payment via credit card is also available at (631) 277-7602, ext. 120. PayPal available for on-line registrants only.

VISA MASTERCARD AMEX Credit Card No.: _____

Amount: _____ Exp. Date: _____ Security Code: _____

Signature: _____ (MC/VISA: 3 digits on signature line of card; AMEX: 4 digits on front of card)

Printed Name on Card: _____

Billing Address of Credit Card: _____

PAYMENT IS REQUIRED AT TIME OF REGISTRATION

Refund Policy: 100% refund if requested prior to the start of any course. Pre-Assignment and Annual In-Service course – No refund once you have completed the one-day course. Sixteen Hour OJT course – No refund once you have completed the 2-day course; 50% refund if “day one” is completed. A security guard training school cannot assess any non-refundable fees or deposits. A \$30 service fee will be charged for all returned checks.

By my signature, I _____, agree to the conditions of this agreement. I also verify that that I have read and received a copy of the agreement and the school catalog.

Student (printed)

School Director (printed)

Student's Signature

Date

School Director's Signature

Date