

Black Mountain Training Center TSST Registration Form

Check one: Law Enforcement Military Security Armed Professional

Active Retired

Serial Number or Employee Number _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Home: _____ Cell: _____ Work: _____

Emergency Contact: Name/Relationship: _____ Phone: _____

Any physical limitations? _____

Any dietary restrictions? _____

Law Enforcement: Assignment (check one): Patrol SWAT/SRT Detective Other: _____

Agency Information:

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Agency Phone: _____ Email: _____

Years at Agency: _____

I want to train on the following duty weapons: Pistol Rifle/Carbine Shotgun Other

Signature _____ Date: _____

Mail to: BMTC • 12223 Highland Avenue, #106-253 • Rancho Cucamonga, CA 91739-2574 or email to: info@blackmountain.training

BMTC | *Training is a private and Personal choice. We NEVER share or sell any information.*