

COMPANY REQUEST FOR CONTINUING EDUCATION

**At
Your Company Location**

Print, complete the request, and submit to our office by Email, Fax, or U.S. Mail. There is a minimum requirement of 4 personnel that will attend the course and each date requested will be filled on first come basis.

Request Continuing Education Course:

- PPSB-10-504 Introduction to Surveillance Operations 8 CE Hrs for NC
- PPSB-10-505 Introduction to Elicitation 8 CE Hrs for NC

Date Requesting: _____ Note: Please check our website training calendar for course dates. An associate will contact your company contact person immediately if there is a date conflict due to other commitments and training requirements at our training facility.

Company Name: _____

Company Mailing Address: _____
STREET or PO BOX CITY STATE ZIP CODE

Company Contact Person: _____
NAME POSITION

Company Contact Info: _____
OFFICE TELE # CELLULAR # EMAIL ADDRESS

Number of Personnel to Attend Course: _____ Note: A roster of personnel to attend must be received by our office no later than 14 days prior to course date. Roster must include full name, type of license, license #, and expiration date.

Personnel to attend are licensed by NCPPSB for:

- Private Investigator
- Associate Private Investigator
- Security Guard & Patrol
- Courier
- Other: _____

Training Location: _____

The cost for this request at your location is \$200.00 per individual attending the course (4 personnel minimum). Payment can be made by Check, Visa, Mastercard, or Discover. Payment must be received no later than 14 days prior to requested date.

Form of Payment (Circle One): VISA / MASTERCARD / DISCOVER / CHECK Amount of Payment: _____

Name on Credit Card: _____ Credit Card Number: _____

Billing Address: _____
STREET or PO BOX CITY STATE ZIP CODE

Exp Date: _____
Month Year Security Code

A confirmation from our office will be sent to you for your requested course and date. The course instructor will make contact with your company contact person to finalize training arrangements. Until then, thank you in advance.

Please submit requests by Email, Fax, or U.S. Mail

Email sots.training@sots-usa.com

Fax (919) 776-1809

U.S. Mail Special Operations Training Services, LLC
2516 Fayetteville Street
Sanford, NC 27332