

Tactical Defense Institute
APPLICATION FORM

Please register me for: _____

Class Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: Home _____

Work _____

e-mail: _____

Will Require Use of TDI Firearm? _____

Where did you hear about TDI? _____

By signing this application I authorize TDI to perform a background check through law enforcement.

STUDENTS ARE REQUIRED TO SIGN A LIABILITY WAIVER.

I certify the following is true. I am not a fugitive from justice, and I am not under indictment nor have I been convicted of a felony or offense involving illegal possession, use or trafficking in any drug of abuse. I am not drug dependent; I am not a chronic alcoholic; and I am not under adjudication of mental incompetence, nor have I been convicted of domestic violence.

Signature: _____

Charge to VISA _____ Master Card _____

Account Number: _____

Expiration Date: _____ Amount: _____

Make check or money order payable to TDI and mail to:

Tactical Defense Institute
2174 Bethany Ridge
West Union, Ohio 45693
Or **FAX** to TDI at 937-544-2887