



# SPECIAL OPERATIONS GROUP-TACTICAL

Affiliate of  
CALIFORNIA SECURITY ACADEMY  
BSIS FACILITY TFB/TF 260

## APPLICATION AND PERSONAL TRAINING INFORMATION

Name \_\_\_\_\_ CDL \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ POB \_\_\_\_\_ SSN \_\_\_\_\_

**Please check the box next to your shooting ability and any training you have received:**

- Basic Handgun                       Handgun Safety                       Frequent Shooter
- Basic Rifle                               Security Firearm                       Other \_\_\_\_\_

**Please check the box next to any weapons you own:**

- Hand Gun     Law Enforcement Weapons/Type \_\_\_\_\_     Other \_\_\_\_\_
- Hunting Rifle     Military/Tactical Weapons     Other \_\_\_\_\_

Do you have a military or Law Enforcement background?  No  Yes, Briefly describe; \_\_\_\_\_

\_\_\_\_\_

Why have you chosen to take this course? \_\_\_\_\_

\_\_\_\_\_

How did you hear of SOG-TACTICAL? \_\_\_\_\_

\_\_\_\_\_

Please give us a brief paragraph on your personal background: \_\_\_\_\_

\_\_\_\_\_

**Please download this questionnaire, complete and fax or e-mail to the indicated address**

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**e-mail: [specialops@encinas-sog.com](mailto:specialops@encinas-sog.com) Website: [www.encinas-sog.com](http://www.encinas-sog.com)**