



2012 Application for Training

Please complete and mail, or e-mail this application form and appropriate information requested to: Western Maine Property Protection – 38 Huntington Avenue – Norway ME 04268 or jessica@wmepropertyprotection.com

Course Requested: _____ Course Date: _____
Full name (legal name): _____
Address: _____ Age: _____ Gender: _____
City: _____ State: _____ Zip Code: _____ Home Phone: _____
E-mail: _____ Cell Phone: _____

For Personal Protection Inside & Outside of the Home **AND** anyone who wishes to bring their own firearm for additional assistance, please complete the following:

Weapon: _____ Make/Model: _____ Caliber: _____

Have you ever been convicted of a felony? _____ Have you ever been convicted of domestic violence? _____

Is there a protection order in force against you? _____ Is there a harassment order in force against you? _____

Please check ONE and provide the information requested if you are attending an advanced level class:

- I have enclosed a copy of my current CCW permit.
- I have enclosed a copy of my current active service with either a law enforcement agency or United States Armed Forces.
- I have attended a Western Maine Property Protection class.

By signing this application, I understand and agree to the following: (Please initial each box)

- That the credentials enclosed meet the requirements as outlined by WMPP LLC and that I must positively identify myself as the same person certified in the credentials for enrollment.
- That WMPP's operation depends upon the careful control of deadly weapons by each participant; therefore, I understand that my instruction may be terminated at any time during the course if my conduct is not deemed satisfactory at the sole discretion of the staff.
- That I will abide meticulously by any and all safety procedures required at WMPP, and I agree to sign a waiver releasing WMPP LLC from responsibility for any injury that I may sustain during the course of the training program.
- I will be at least 18 years of age at the time of my class **OR** will be accompanied by my parent or guardian.
- CANCELLATION POLICY:** I understand that if WMPP cancels a class, my payment is fully refundable. If I cancel at least 60 days prior to the first day of class, $\frac{1}{2}$ of my payment is refundable **OR** the full payment can be applied to hold another available class. If I cancel with less than 60 days before the first day of class, my payment is totally **NON-REFUNDABLE**; however, $\frac{1}{2}$ of my payment can be applied to hold another available class.
- The class tuition must be paid in full prior to the beginning of class.**

Signature: _____ Date: _____

I have enclosed the following:

- The completed application Credential Qualifications
- Payment in full CASH CHECK* VISA MASTERCARD DISCOVER

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Cardholder Name: _____ Cardholder Phone: _____

Cardholder Address: _____

Signature: _____ Date: _____

***Returned checks are subject to a \$50.00 service fee**