



Student Application

Personal Information

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Military Experience

Branch of Service _____ Rank _____

Military Occupation Specialty _____

Discharge Date _____

Military Posting(s)

Place(s) of Service _____ Dates (Years) _____

I certify the above information is true and correct. I promise to attend all training classes and complete the online training programs.

Signature

Date

Please fax or mail to:
National Training Center - 4148 Mantle Avenue – North Las Vegas, NV 89084
(702) 648-8899 fax (702) 648-8111