



## Student Registration Form

<b>Company</b>	
<b>Address</b>	
<b>City</b>	
<b>State &amp; Country</b>	
<b>Zip</b>	
<b>Phone w/Country Code</b>	(Ext) _____
<b>Fax</b>	
<b>Email</b>	
<b>Student <u>Full Birth Name</u></b>	
<b>Student Title</b>	<b>Date &amp; Origin of birth</b>
<b>US Citizen Yes ___</b>	<b>Social Security Number</b>
<b>No ___</b>	<b>Non US Citizen -- Passport Number</b>
<b>Driving Responsibility</b>	CEO ___ Other Exec ___ Fleet ___ Responsible for CEO Family ___ ages _____
<b>Type of Driving</b>	Urban ___ Rural ___ Highway ___
<b>Type of vehicle(s) driven?</b>	Make _____ Model _____ Make _____ Model _____ Make _____ Model _____
<b>Dates attending</b>	First choice: _____ Second choice: _____
<b>Student Description</b>	Height _____ Weight _____ T-shirt size _____ Hair Color _____ Eyes _____ Student's Employee Number _____
<b>Supervisor Confirmation Info</b>	
<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>Phone</b>	
	<b>Scores and Certifications will be sent to the above person unless otherwise directed.</b>
<b>Payment</b>	Credit Card ___ Check ___ Other ___
<b>Cardholder Name</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Card Type</b>	Visa ___ Mastercard ___ American Express ___
<b>Card Number</b>	
<b>Expiration Date</b>	

**All information is held in strict confidentiality. Please submit completed application to:**

**Advanced Driving & Security Inc**

**210 Airport St #10**

**North Kingstown, RI 02852**

**1 401 294 1600**

**Fax 1 401 294 7600**