

**M M SECURITY SERVICES INC
8 STRATHEARN AVE #17, BRAMPTON, ON**

**REGISTRATION FORM
BASIC SECURITY OFFICER COURSE**

NAME	
ADDRESS	
DATE OF BIRTH	
TELEPHONE HOME	CELL
IDENTIFICATION DOCUMENT # (DRIVER LICENSE # / PASSPORT # / ANY OTHER GOVT ISSUED ID)	
COURSE APPLIED FOR : BASIC SECURITY OFFICER COURSE	
• IN-CLASS 40 HRS COURSE @	<input type="checkbox"/>
• ONLINE AND IN-CLASS COMBINATION @	<input type="checkbox"/>
• ONLINE COURSE (4 DAYS)	<input type="checkbox"/>
• CPR COURSE@	<input type="checkbox"/>
CONTACT 9056246929 TO COORDINATE DATES FOR THE COURSE	
FEE PAYMENT : AMOUNT \$	
ONLINE	<input type="checkbox"/>
CERTIFIED CHEQUE/MONEY ORDER	<input type="checkbox"/>
CASH	<input type="checkbox"/>
CERTIFICATE	
I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS FOR THE COURSE AND CONFIRMED MY ELIGIBILITY AS PER PSISA 2005 (RESIDENT OF ONTARIO, MORE THAN 18 YEARS OF AGE AND ELIGIBLE TO WORK IN CANADA)	
(SIGNATURE)	DATE