



# ITG<sup>®</sup> CONSULTANTS, INC.

CONSULTING ▪ PROTECTIVE SERVICES ▪ TRAINING

May 1, 2014

Subject: Course Registration Process

Thank you for considering training with our International Training Group™! To facilitate the registration process, we would request that you complete the following documentation:

1. The attached course registration form
2. The two release of information documents

Please provide a copy of your resume, C.V. or biographical sketch.

If you choose to pay by check or money order, please make it payable ITG Consultants, Inc.

If you choose to pay via credit card, we accept Master Card, Visa and Discover. You can either put the information in the spaces provided on the registration form or, if you would feel more comfortable, provide it telephonically by calling our toll free number as listed below. A receipt will be provided to you either way. If you are in an overseas location that doesn't allow you to call US toll free numbers you can use +(814) 765-5705.

Once the paperwork is completed, you can mail it to the address below, fax it to the number below or scan it and email it to [contactus@itg4.com](mailto:contactus@itg4.com), whichever is easier for you.

Please do not hesitate to contact me directly if you have any questions I might be able to help you with regarding our training or the registration process.

We will be looking forward to meeting and training with you!

Sincerely,

David L. Johnson  
President



armed images

## INTERNATIONAL TRAINING GROUP (ITG®) REGISTRATION FORM

**Course Name(s):** \_\_\_\_\_ **Course Dates:** \_\_\_\_\_ **Course Location:** \_\_\_\_\_

### Attendee Information (Please Print Legibly)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country/Postal Code: \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Shirt Size:  Small  Medium  Large  X-Large  XX-Large  Other \_\_\_\_\_

If attending Weapons Training: (Handgun AND Rifle needed for HRE Course)  Not attending

Handgun Rental Needed  Bringing Own – Handgun Model: \_\_\_\_\_ Caliber of Ammo: \_\_\_\_\_  Need to purchase  Bringing Own

Rifle Rental Needed  Bringing Own – Rifle Model: \_\_\_\_\_ Caliber of Ammo: \_\_\_\_\_  Need to purchase  Bringing Own

How did you find out about our services? \_\_\_\_\_

Referred by: \_\_\_\_\_

**Applicant must submit a resume including: employment history, education, training, skills and any special abilities (languages, pilot's license, EMT, security licenses, firearms permits, etc.)**

### Payment Information (Please Print Legibly)

#### Method of Payment

Money Order: Money Order # and Amount \_\_\_\_\_  Cashier's Check: Check # and Amount \_\_\_\_\_

Purchase Order: Purchase Order # and Amount \_\_\_\_\_ Organization Name: \_\_\_\_\_

Please Charge my Credit Card:  Visa  MasterCard  American Express  Other \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Authorized Amount: \_\_\_\_\_ Security Code on Back of Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Applicant agrees to the following:

I certify that I have read and understand all Registration Terms & Conditions listed on Page 2 of this Registration Form. I further certify that I have never been convicted of a felony or violent misdemeanor. Further I am not under any criminal indictment that would legally prevent me from receiving this training. I authorize ITG® Consultants, Inc. to conduct a complete background check of my criminal history and/or credit history, if applicable, as a condition of being accepted into this training program. **I also understand that this form must be completely filled out or it will not be processed.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Introduction

The International Training Group (ITG®) core instructor staff represents over 70 years of knowledge and practical experience in conducting real world protective service missions, on six continents. These missions have included US cabinet level members, senior leaders in the Department of Defense, foreign heads of state and dignitaries, US Ambassadors abroad and Corporate Executives. The ITG® staff has set many industry benchmarks in the executive protection and training arenas. ITG® presents unparalleled experience and subject matter expertise in the field of Executive / Dignitary Protection. Based on this experience, ITG® is defining new training standards, which reflect this same high caliber of expertise, organization, and professionalism.

## Eligibility

All Executive / Dignitary Protection courses are open to regular and reserve law enforcement officers, federal agents, military personnel and qualified civilian security professionals and others who can successfully pass a background check. All ITG® training courses are dynamic and are not limited to classroom exercises. Each attendee must be physically capable of jogging short distances and able to perform the strenuous exercises common in tactical and protective operations. All ITG® training courses are limited in size and enrollment is on a first-come-first-serve basis depending upon the applicant's eligibility, availability of slot, and receipt of tuition payment in full.

## Registration

To register for a course, complete the registration form and return it to ITG® Consultants Inc. by fax, email, or regular mail. Please send one registration form per attendee. This is a limited attendance program, so early registration is advisable.

**Phone:** (866) 904-4ITG (4484) Toll Free  
**Fax:** (888) 830-8123 Toll Free  
**Email:** training@itg4.com  
**Mail:** ITG® Consultants Inc.  
Post Office Box 1  
Rockton, PA 15856-0001 USA

## Payment

Tuition must be paid in full prior to final acceptance and attendance at any course. Payment may be made by money order, cashier's check, purchase order or credit card. [NOTE: All credit card transactions will include a 3.5% service fee on final tuition costs.] Money orders/ Cashier's checks must be made payable, in US Dollars, to ITG® Consultants Inc. All payments should be sent to: ITG® Consultants Inc., Post Office Box 1, Rockton, PA 15856 USA.

## Admission

Upon receipt of the completed registration form, resume, background release forms and payment in full, ITG® will conduct a detailed eligibility confirmation and background check on the student (non-refundable \$75 fee included in tuition). Upon successful acceptance into the program, ITG® will send you a confirmation immediately prior to the start of the program in the form of a Welcome/Acceptance Letter. If you are not accepted into the program, you will receive a refund of your tuition payment minus the \$75 background fee.

**Cancellation / Refund Policy** To receive a full refund, minus the \$75 background fee and 3.5% credit card service fee (if used), you must notify ITG® in writing at least thirty (30) days prior to the start of the training program. A full tuition penalty is charged for unattended courses canceled less than 30 days prior to their start date. All ITG® training programs are subject to cancellation and students will be notified no later than fifteen (15) days prior to the start of the course. ITG® is not responsible for any expenses incurred by the applicant, other than tuition, in the event that ITG® has to cancel a training program. In such an event, students may either receive a full tuition refund or apply all funds to future course dates. If funds are applied to future course dates, once course dates are chosen, any cancellation on the part of the student will be subject to ITG®'s normal cancellation policy.

## Dress

Casual, but neat (Tactical pants, Jeans in good condition, Dockers, polo shirts or sweaters/sweatshirts for appropriate seasons) attire is recommended for all classroom and practical hands on instruction. ITG® will issue safety clothing appropriate to the course that is being taught as required. Clothing suitable for adverse weather conditions is also advised for all outdoor training. Attendees registered for the Executive / Dignitary protection programs are required to wear business attire (suit & tie for men; dress slacks and suit jacket are recommended for women) during the final practical exercises. A detailed packing list is included in your Welcome / Acceptance letter.

## Equipment

All attendees should bring ample writing and note taking materials. Students who are able to bring laptop computers for course work are welcomed to do so. Attendees will be provided with program materials upon arrival. We strongly urge that you bring the equipment that you would wear and carry in an operational situation. This ensures a more realistic training experience. Students may utilize their personally owned firearms for all weapons courses or may rent them from ITG®. Students may not be authorized to transport assault weapons to our training sites, per federal/state/local laws; research should be done by the student to determine legalities. Additionally, full wrap around eye protection, ear protection, gun belt, concealable belt holster, ammunition pouch and hat are mandatory for all weapons courses and are the students' responsibility. Ammunition is not included in the cost of tuition. Students are responsible for providing their own ammunition for weapons courses. Contact ITG® for ammunition requirements. Please notify us in advance if you desire to rent weapons during your training program.

## Right to Refuse Training

Due to the serious and sensitive nature of the training that ITG® provides, we reserve the right to refuse training to anyone. Every applicant must pass a detailed eligibility and background check. We reserve the right to refuse admission to any person who does not meet our eligibility requirements, has a felony or violent misdemeanor conviction, or a record of mental instability.

## Student Conduct

A student will be terminated from training immediately for any of the following reasons: failure to follow instructions, reckless or dangerous behavior, failure to attend training sessions, falsifying any information given to ITG®, or objectionable behavior in or out of class settings. Readmission will take place at the sole discretion of the ITG® Administration.

## Accommodations, Travel, & Meals

All travel, lodging and meal costs are additional to our tuition fees and are the sole responsibility of the student. ITG® has negotiated discounted rates at hotels located near ITG® training locations. Recommended lodging is located within a short commute of ITG® training locations. Specific lodging information will be provided to attendees upon completion of registration and acceptance into one of our programs.

ITG CONSULTANTS INC.
CONSUMER AUTHORIZATION AND RELEASE

In connection with ITG CONSULTANTS INC. considering me for employment, continued employment, promotion or reassignment, I authorize ITG CONSULTANTS INC. and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by ITG CONSULTANTS INC., or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release ITG CONSULTANTS INC., its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 866-904-4484 (Please write in blue or black ink. Light ink won't show up)

LEGAL NAME \_\_\_\_\_ DOB \* \_\_\_\_\_ SS# \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

Name as it exactly appears on Drivers License \_\_\_\_\_

CURR. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER ?) Y [ ] N [ ]

Employer City Tel From To
Dates /

Employer City Tel Dates /

Employer City Tel Dates /

EDUCATION Name City,St Tel Dates From To

Years attended Most recent Last year completed: 1 2 3 4 Degree(s)

Last name if different while in School

\* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

CONSUMER DISCLOSURE

**(FCRA-1)**

In connection with **ITG CONSULTANTS INC.** considering you for employment, continued employment, promotion or reassignment, **ITG CONSULTANTS INC.** may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**ITG CONSULTANTS INC.**  
**CONSUMER AUTHORIZATION AND RELEASE**  
**UNDER THE FAIR CREDIT REPORTING ACT**

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently.** There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:

**FOR QUESTIONS OR CONCERNS  
REGARDING:**

**PLEASE CONTACT:**

CRA's creditors and others not listed below

**Federal Trade Commission**  
Consumer Response Center – FCRA  
Washington, DC 20580  
**202-326-3761**

National banks federal branches/agencies of  
foreign banks (word "National" or initials "N.A."  
appear in or after bank's name)

**Office of the Comptroller of the Currency**  
Compliance Management, MailStop 6-6  
Washington, D.C. 20219  
**800-613-6743**

Savings associations and federally chartered  
savings banks (word "federal" or initials "F.S.B."  
appear in federal institution's name)

**Office of Thrift Supervision**  
Consumer Programs  
Washington, D.C. 20552  
**800-842-6929**

Federal Reserve system member banks (except  
national banks, and federal branches/agencies  
of foreign banks)

**Federal Reserve Board**  
Division of Consumer & Community Affairs  
Washington, D.C. 20551  
**202-452-3693**

Federal Credit Unions (words "Federal Credit  
Union" appear in institution's name)

**National Credit Union Administration**  
1775 Duke Street  
Alexandria, VA 22314  
**703-518-6360**

State chartered banks that are not a member of the  
Federal Reserve System

**Federal Deposit Insurance Corporation**  
Division of Compliance & Consumer Affairs  
Washington, D.C. 20429  
**800-934-FDIC**

Air-surface, or rail common carriers regulated by  
former Civil Aeronautics Board or Interstate  
Commerce Commission.

**Department of Transportation**  
Office of Financial Management  
Washington, D.C. 20590

Activities subject to the Packers and Stockyards  
Act, 1921

**Department of Agriculture**  
Office of Deputy Administrator – GIPSA  
Washington, D.C. 20250  
**202-720-7051**





## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize ITG<sup>®</sup> Consultants, Inc. and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for acceptance into an ITG<sup>®</sup> Consultants, Inc. Training Program. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state or county jurisdictions, birth records, motor vehicle records to include traffic citations and registration, and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth (so long as I am at least 18 years old) will not affect any acceptance decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with acceptance into an ITG<sup>®</sup> Consultants, Inc. Training Program. This authorization and consent shall be valid in original, fax, or copy form for one year from the date indicated next to the signature below.

I hereby release ITG<sup>®</sup> Consultants, Inc., and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company Training Program acceptance practices.

Name (Print): \_\_\_\_\_  
First Middle (full name) Last Maiden

Print All Former Names Used: (1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Print Residences in the previous 5 years:

Street Address City State Dates (Approx.)

Street Address City State Dates (Approx.)

Street Address City State Dates (Approx.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## AUTHORIZATION FOR RELEASE OF INFORMATION

**Applicant Name:** \_\_\_\_\_

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**Social Security Number:** \_\_\_\_\_

I hereby authorize ITG<sup>®</sup> Consultants, Inc. and its designated agents and representatives to contact the following three (3) individuals that I have designated as references. I am not related to these individuals and I have known them each for at least one year.

Name	Phone Number	Relationship	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_