

BST/AST Student Application and Information

Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ Phone#: _____
Email: _____
Company: _____ Position _____
DOB (YY/MM/DD) _____
BST Certificate Number: _____
Security Workers License Number and Expiry Date: _____

Desired Method of Payment (Cheque) (Money Order)
Have you ever trained in a Martial Arts or Self-Defense classes before? Please explain level achieved and certificates received:

Have you ever been charged with a violent crime such as assault:

Have you ever been charged with a crime or drug offence:

Do you have any mental or physical conditions that may affect your ability to train in use of force or self-defense? :

Do you require the AST certification for your current position? If so please explain:

Are you fluent in English? Yes/No
Do you have photo identification? Yes/No

X _____ Applicant Signature (e-signature)	X _____ Applicants Name (print)
X _____ BST/AST Instructor Approval	_____ Enrolment date