



Date _____

SABRE Instructor Certification Course Application

By submitting the following application, you understand that you are applying solely for the opportunity to participate in a training class designed to educate you and certify you to teach the SABRE Personal Safety Academy (PSA). This is not an application for employment, and your attendance at or completion of the training does not constitute or create an employment relationship with Security Equipment Corporation (SEC). By submitting this application, you consent to SEC running a background check on your criminal record, and also understand that SEC reserves the right to reject any application for any non-discriminatory reason that it, in its sole discretion, deems appropriate.

Name _____

Other Names or Pseudonyms _____

Home Address

Email Address _____

Phone # _____ Cell # _____

Occupation _____

Current Employer (Name, Address, Phone Number)

Length of time with this employer: _____



In case of emergency, please contact (include name, address, and phone number):

Have you ever been convicted of a felony? Yes _____ No _____

Have you had a criminal conviction (except a minor traffic offense)? Yes _____ No _____

Are you currently charged with the commission of a felony? Yes _____ No _____

Are you currently on probation for any criminal offense? Yes _____ No _____

If you answered YES to any of the above, please state the nature of the crime(s), when and where convicted, and the disposition of the case.

Where do you plan to teach the course?

How many courses per year do you anticipate teaching?



List any relevant Training Classes that you have previously attended (self-defense, pepper spray, firearms, etc.):

Course Title

Length of Course

Location

List any relevant Instructor Courses that you previously attended and/or Instructor Certifications you've held or currently hold:

Course Title

Length of Course

Location

Briefly describe any previous teaching experience (formal or non-formal):

List any qualifications that you feel will make you a quality instructor (i.e. former or current police/safety officer, prior self-defense experience, etc.):



Briefly explain any previous experience with pepper spray (as an instructor or user):

Any other information you think is important for us to know?

Each applicant must provide two references or recommendations:

Name/Title _____

Address _____

Phone _____

Name/Title _____

Address _____

Phone _____

List the location and date of class you wish to attend:

Provide the Web Order Number on the receipt of the class purchased:

Provide shirt size (Polo in Men's and Women's sizes): _____





SABRE Website Information – Your information will be listed on the SABRE website once you complete your Instructor Class. Please limit your personal information. **DO NOT** list your home contact information. *Required Fields

*Please list my information on the SABRE website: Yes _____ No _____

*Name _____

Address _____

*City _____ *State _____ *Zip _____

Phone _____

*Email _____

Company/Employer _____



You understand that SEC is providing this class to persons who have met SEC’s selection standards, which are designed to ensure a high-quality end-user program. Being accepted into the class does not mean that SEC will allow the applicant to complete the class or that the applicant will be certified. At the conclusion of the class, if the applicant is still a part of the class, the applicant will have an opportunity to test for instructor certification.

Along with covering the course material, the program will also feature segments of generic instructor development. The certification process includes teaching demonstrations and a written test.

I certify that information contained in this application is true and complete. I understand that this application is not a contract for employment and that my attendance at or completion of the training does not constitute or create an employment relationship. I understand that false information may be grounds for SEC not accepting the application or for immediate termination of instructor certification at any point in the future. I authorize the verification of any or all information listed above.

Printed Name _____

Signature _____

Date _____

CONSENT BY APPLICANT ALLOWING SECURITY EQUIPMENT CORPORATION TO CONDUCT BACKGROUND CHECKS

SEC requires screening for all applicants who desire to teach its Personal Safety Academy. SEC may conduct additional screening of applicants as circumstances or law require. The screening may consist of an investigation of employment history and a criminal record check. SEC reserves the right to conduct more extensive screening as circumstances dictate.

Signing the consent form is a condition of acceptance into the instructor training class. By your signature below, you hereby authorize SEC to perform background screening. You further agree to release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization.

Name _____

Date _____

Address _____

Date of Birth _____

County of Residence _____





If your application is approved, an Instructor License Agreement will be forwarded. This agreement must be returned 14 days prior to the class date. Attendance is not allowed unless the agreement is signed and submitted to the Personal Safety Academy Coordinator prior to the class. All Instructor License Agreements are final, and no refunds will be given to candidates who fail to attend the PSA Instructor Course, which you have signed up to attend.

If after the review of your application, you are not admitted to the PSA Instructor Candidate Certification Program, you will receive a full refund of \$300.00.

Please email this completed application 30 DAYS prior to the class date to PSA@SabreRed.com – Attention: CSAP Application

If you haven't yet paid for a course, please follow this [link](#) for all upcoming classes.