



## AR-15 / M16 ARMORER COURSE REGISTRATION

Name \_\_\_\_\_ Rank \_\_\_\_\_

Agency \_\_\_\_\_

Address/State/Zip \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

Class Name \_\_\_\_\_

Class Location \_\_\_\_\_

Class Dates \_\_\_\_\_

Certification Cost  \$675

TRF8-1  
03/16/21  
Rev 001

Please return form to:

ALS / PACEM 4700 Providence Road Perry, FL 32347

(850)223-1911 (fax) training@pacem-solutions.com (email)

All information is required. A registration must be filled out for each individual registrant. Registration must be received 5 weeks prior to the first day of class. A purchase order, if applicable, should accompany this registration form.

### FOR OFFICIAL USE ONLY

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Entered by \_\_\_\_\_ Sales Order # \_\_\_\_\_

4700 PROVIDENCE ROAD  
PERRY, FL 32347