

Technical Security Specialist (TSS) Certification



Participant Registration Form

Date

First Name

Initial

Last Name

Address

Address

City / Town

Province / State

Country

Postal / Zip Code

Email Address

Telephone

Participant
Signature

Fax

Mobile

TSB Use Only

Intent
of Training

TSS Program Information

Start Date

End Date

Program (TSS)

Company Information

Company Name

Address

Address

City / Town

Province / State

Country

Postal / Zip Code

Telephone

Fax

List of Current
Equipment
Resources

Attachments

Resume References BDTP Resources Required

Police Background Check Tuition Payment Enclosed