



# Concepts and Tactics for Survival (CATS) REGISTRATION FOR TRAINING



Course Title: \_\_\_\_\_ Course Dates: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Department Information

Agency: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of years in Law Enforcement/Security: \_\_\_\_\_

Type of Weapon: \_\_\_\_\_ Ammunition: Provide own \_\_\_\_\_ Purchase \_\_\_\_\_

Certifications: \_\_\_\_\_

\_\_\_\_\_

Specialties: \_\_\_\_\_

\_\_\_\_\_

Existing health issue: No \_\_\_ Yes \_\_\_ (If Yes, attach a description of existing condition)

FBI NAA Sponsor Name: \_\_\_\_\_

FBI NAA Member: \_\_\_ Yes \_\_\_ NO FBI NA Session Number: \_\_\_\_\_

Return Completed Registration to: CATS Training  
Attn: Rhonda Stites  
41 Walt Whitman Blvd.  
Stafford Virginia 22556

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### For Official Use Only

#### Registration Information:

Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Approved by: \_\_\_\_\_

#### Payment Information:

Check Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Entered by: \_\_\_\_\_