



# ADSI Student Registration Form



<b>Company:</b>										
<b>Address:</b>										
<b>City:</b>			<b>State:</b>		<b>Country:</b>		<b>Zip:</b>			
<b>Phone w/Country Code</b>							<b>Ext:</b>			
<b>Email Address:</b>							<b>Fax:</b>			
<b>Student Full Birth Name:</b>					<b>Title:</b>					
<b>Origin of Birth:</b>			<b>DOB:</b>		<b>Social Security #:</b>					
<b>Phone w/Country Code</b>							<b>Ext:</b>			
<b>US Citizen?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<b>Passport Number:</b>				
<b>Driving Responsibility:</b>										
<b>CEO:</b>		<input type="checkbox"/>	<b>Fleet:</b>		<input type="checkbox"/>	<b>Other Executives:</b>				
<b>Responsible for CEO's Family:</b>					<b>Ages:</b>					
<b>Type of Driving:</b>		<b>Urban:</b>	<input type="checkbox"/>	<b>Rural:</b>	<input type="checkbox"/>	<b>Highway:</b>	<input type="checkbox"/>			
<b>Type of Vehicle(s) Driven:</b>		<b>Year:</b>		<b>Make:</b>			<b>Model:</b>			
		<b>Year:</b>		<b>Make:</b>			<b>Model:</b>			
		<b>Year:</b>		<b>Make:</b>			<b>Model:</b>			
		<b>Year:</b>		<b>Make:</b>			<b>Model:</b>			
<b>Dates Attending?</b>		<b>First Choice:</b>								
		<b>Second Choice:</b>								
<b>Student Description:</b>		<b>Height:</b>					<b>T-Shirt Size:</b>			
		<b>Weight:</b>					<b>Eye Color:</b>			
		<b>Hair Color:</b>								
		<b>Student Employee Number:</b>								
<b>Interpreter:</b>		Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>					
<b>Language:</b>										
<b>Supervisor Confirmation Info</b>										
<b>Supervisor Name:</b>					<b>Title:</b>					
<b>Address:</b>										
<b>Email Address:</b>							<b>Fax:</b>			
<b>Phone w/Country Code</b>							<b>Ext:</b>			
<i>Scores and Certifications will be sent to the above person unless otherwise directed.</i>										
<b>Form of Payment:</b>		Credit Card	<input type="checkbox"/>	Check:	<input type="checkbox"/>	Other:	<input type="checkbox"/>			
<b>Cardholder Name:</b>										
<b>Address:</b>										
<b>City:</b>			<b>State:</b>		<b>Country:</b>		<b>Zip:</b>			
<b>Form of Payment:</b>		American Express	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	CVV#:		
<b>Card Number:</b>					<b>Exp. Date</b>					

All information is held in strict confidentiality. Please submit completed application to:

Advanced Driving & Security Inc.  
5 Franklin Road Suite 5  
East Greenwich, RI 02818

Phone: 1.401.294.1600

Fax: 1.401.398.7932

Preferred method of submission: [Info@1adsi.com](mailto:Info@1adsi.com)