



**NORTH CAROLINA
PRIVATE PROTECTIVE SERVICES BOARD**

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REQUEST FOR PPS TRAINING MATERIALS

Name: _____
Full Printed Name of License Holder/Requestor

Type of License Held: _____ License #: _____

E-mail: _____ BPN _____

Company Name: _____

Company Address: _____
(Mailing Address) *Street & Number* *City* *State* *Zip Code*

Business Phone: () _____ Fax: () _____

I wish to purchase _____ copies of the Unarmed Training DVD video.

Include check/money order payable to Private Protective Services (\$20.00 per copy).

Total Enclosed \$ _____

Signature: _____ Date Signed: _____