

WEST COVINA POLICE DEPARTMENT PRESENTS **ARREST AND CONTROL INSTRUCTOR UPDATE**

This 40-Hour Instructor Level Advanced Course is taught with the Controlled F.O.R.C.E. Training System. It is an Instructor Certification for Level 1 & Instructor Re-certification for Level 2.



CALIFORNIA POST PLAN IV CONTROL NUMBER 6440-21635-15001

REQUIRED

This Instructor Course Covers:

- Body Positioning Drills
- Mechanical Advantage Control Holds (M.A.C.H.™)
- M.A.C.H.™ Takedowns and Handcuffing Positioning
- M.A.C.H.™ Team Arrest Tactics
- M.A.C.H.™ Baton Subject Control
- In-Holster Weapon Retention
- Lead Hand Protections / Disruption Drills
- Baton Protection / Disruption Drills
- Knife Defense and Awareness
- Ground Defense and Escapes
- Out-of-Holster Weapon Retention and Disarms
- Arrest Control Scenarios
- Instructor Development

**THIS COURSE IS OPEN TO
LAW ENFORCEMENT PERSONNEL ONLY**

**MUST BRING DUTY RIG
WITH TRAINING SIDEARM
THAT FITS HOLSTER**

TRAINING DETAILS

TRAINING DATE / TIME

February 4 - 7, 2019
7:00am – 6:00pm

TRAINING LOCATION

Cameron Community Youth Center
1325 E. Cameron Avenue
West Covina, CA 91790

TRAINING LOCATION CONTACT

Sgt Tony Cortina
Phone: 626-939-8557
tony.cortina@wcpd.org

REGISTRATION CONTACT

Phone: 630-365-1700
info@controlledforce.com

OFFICE USE ONLY

Arrest & Control Inst. Update **REGISTRATION FORM**

PRINT CLEARLY / FILL OUT COMPLETELY

FAX COMPLETED REGISTRATION TO: 630-365-1361

LAST NAME _____ MI _____ FIRST NAME _____

POSITION/RANK _____ HEIGHT _____ WEIGHT _____ AGE _____ GENDER _____

DEPARTMENT/AGENCY _____ DIVISION/UNIT _____

DEPT MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK PHONE (_____) _____ WORK FAX (_____) _____

WORK E-MAIL _____ MOBILE PHONE (_____) _____

E-MAIL ADDRESS IS REQUIRED

DEPARTMENTAL TRAINING COORDINATOR / ALTERNATE CONTACT _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ PERSONAL E-MAIL _____

ALL CERTIFICATES WILL BE SENT ELECTRONICALLY TO WORK E-MAIL ADDRESS UNLESS OTHERWISE SPECIFIED**ENTER THE LOCATION / STATE / DATE OF THE COURSE YOU WILL ATTEND:**

LOCATION _____

STATE _____

DATE _____

SELECT CERTIFICATION OPTION: **LEVEL 1 & 2 INSTRUCTOR CERTIFICATION -- \$870** **LEVEL 1 & 2 INSTRUCTOR RE-CERTIFICATION -- \$570** [Must pay full instructor cost if last certified more that 24 months ago]

Level 1 Certification ID _____ Date of Last Certification _____

Level 2 Certification ID _____ Date of Last Certification _____

SELECT PAYMENT OPTION:*Your department will be invoiced upon receipt of registration form* **PURCHASE ORDER:** P.O. Number (if available) _____ **CREDIT CARD PAYMENT:** VISA MC [CC# _____ / _____ / _____ / _____ EXP _____ / _____]**NOTE: CREDIT CARD PAYMENTS WILL INCUR A 3% SERVICE FEE** **CHECK PAYMENT:** Make Payable To Controlled F.O.R.C.E. 335 N. River St. Suite 200 Batavia, IL 60510

ENTER TUITION ASSISTANCE REFERENCE # OR SAVINGS CODE: _____

THIS IS AN INTENSLY PHYSICAL TRAINING SEMINAR - NO REFUNDS IF UNABLE TO COMPLETE CLASS**Space can only be reserved upon receipt of registration. Certificates will only be issued when full payment is received.**Registrants who withdraw at least fifteen (15) business days before the first day of class will receive a full refund. Registrants who withdraw less than fifteen (15) business days before the first day of class will receive a refund minus \$150 per course per officer. Registrants who do not withdraw before the first day of class, and who fail to show for class, will receive a refund minus \$250 per course per officer. In any case of withdraw or no show, Controlled F.O.R.C.E. can provide a full credit to another officer or to our next scheduled class in lieu of a refund.**Questions? Call 630-365-1700**