

# INITIAL FRANCHISE APPLICATION

Full Name:

Home or Mailing Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Marital Status:

USA Citizen ?      Yes      No

Have you ever been arrested for a felony charge?      Yes      No

Have you ever filed for bankruptcy?      Yes      No

Date filed:      Date discharged:

***Which school are you interested in opening?***

***Armour College (Post Secondary School)***

***Armour Career Institute (Diploma and Certificate Programs)***

***Private Officer Academy (Security / Public Safety Course only)***

What city and state will the school be located in?

If approved, what date are you planning to open the school?

How much start up capital do you have?

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Current employer?

Current position:

How long have you been employed here?

Previous employer?

Previous position:

How long were you employed there?

Do you have a college degree?                      Type:

Do you have prior experience as an instructor or teacher?

How long?

List certifications:

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## Privacy Policy:

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If you prefer to receive the FDD in a hard copy please check this box :

I certify that the information I have provided to Armour Educational systems Incorporated is true and correct. I authorize AESI to verify the information I have provided on this and any attached forms including, but not limited to, acquiring a credit verification report from a credit agency, acquiring a background check from a registered state agency, and to contact my named references and other sources for information about me. I hold Armour Educational Systems Incorporated, its affiliates, agents and employees harmless for any damages or liability arising either from the receipt or use of any information obtained through these sources I have provided.

Signature:

Date: