



Hosted by Port of Seattle Police Dept April 30-May 1<sup>st</sup>,2011

Application Form

## Patrol Carry Knife Instructor Course

Questions regarding the registration process should be directed to Sgt Don Gulla 206-396-7040.

## Patrol Carry Knife Instructor Course

On completion of this Instructor Level Course student will be certified to teach Patrol Carry Knife User Course.

**Training Location:** Port of Seattle Police Dept – Seatac Airport Terminal

**Training Room:** Located in the Seatac Airport Terminal  
Report to Port of Seattle Police Dept 3<sup>rd</sup> floor lobby

**Parking:** Park at Seatac Terminal 4<sup>th</sup> Floor Hourly Rate

**Parking stub will be validated daily**

**Host Contact:** Jeff Selleg [Selleg.j@portseattle.org](mailto:Selleg.j@portseattle.org) Phone: 206-787-6660

**Course Covers:** User Course Outline, Training Drills, Safety Considerations, Knife Carry S.O.P.s, Sample Knife Policies, Why and where to carry a patrol knife, The types of knives and which one to carry, Defensive Tactics with the knife and Empty Hands, Weapon Retention Techniques with the use of Knives & Empty Hands Defense against suspect with knife.

**Course length:** 2 Days 8 -hour days

**Date:** April 30<sup>th</sup>/May 1<sup>st</sup>, 2011 Sat/Sun **Time:** 0800-1700 hrs

**Cost:** \$295 includes SOG training knife per student

**Instructors:** Sgt Don Gulla and Det Gary Drake

**Requirement Equipment:** Mock Training Weapon that will fit in their duty holster, Mock Taser (if carried) pair of light gloves and eye protection. Optional: Training knife, MMA Gloves, Focus Mitts, and Groin Protection.

**Certificate:** Certificate of attendance after completion of class.

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I \_\_\_\_\_ agree that I am physically fit to undertake the prescribed course of instruction. I acknowledge the existence of certain risks of personal injury in participating in the Defensive Tactics Training and that I am assuming this risk freely and voluntarily and without Liability to Port of Seattle Police Dept, Don Gulla, his agents, any co-instructors, his employees, or other students and hereby release all of the foregoing parties from all liability arising out of injuries to myself incurred pursuant to said training. Photos and video taken during this class can be used for instructional and promotional uses without my permission or compensation. I have no knowledge of any physical or mental impairment that would be affected by my participation in this class.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My dept will pay by P.O. \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Visa/MC - Last 4 digits of Card \_\_\_\_\_ **Expiration:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**I will call to get the rest of the Credit Card Info To help prevent fraud do not email/mail the form with ALL credit card info**

**Return this form with check payable to Don Gulla to:**

Don Gulla  
Po Box 868  
Ravensdale WA, 98022  
206-396-7040  
**Email Don.Gulla@Arrestling.com**