

LOCKMASTERS®

SECURITY INSTITUTE

A Division of Lockmasters, Inc.

For PREVIOUS Students. You are not required to complete the application again.

For NEW Applicants. All questions must be answered. Please print or type.

LSI reserves the right to refuse any application. It is my understanding that I will be thoroughly investigated before I begin the course. I understand that without down payment/deposit or the appropriate government forms, my application will not be accepted. Upon review and approval of your application, you will receive an email confirmation.

Submit the completed enrollment application and funding information to (choose one method):

Email: education@lockmasters.com

Fax: 859-887-0810

Mail: 2101 John C Watts Drive - Nicholasville, KY 40356

Name Last _____ First _____ Middle _____

Home Address Street _____ City _____ St _____ Zip _____

Contact Home Phone _____ Cell Phone _____ Email _____

Gender Male Female Date of Birth _____ Place of Birth _____ U.S. Citizen Yes No

Social Security Number _____ Education Completed High School College

Previous Address Street _____ City _____ St _____ Zip _____

Employer Name _____ Phone _____ Work Email _____

Address _____ City _____ St _____ Zip _____

Previous Employer Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Convicted of a Felony Yes No If yes, explain _____

Security Clearance Yes No

Courses Course Name _____ City/State _____ Date _____

Course Name _____ City/State _____ Date _____

Course Name _____ City/State _____ Date _____

Course Name _____ City/State _____ Date _____

Name as you wish it to appear on your certificate: _____

Form of Payment

Check

Purchase Order

Credit/Debit/Government Purchase Card

US Government SF182
Block C Must be completed

GI Bill
(Submit Certificate of Eligibility)

Card Number _____ Expiration Date _____ CVV Code _____

Cardholder's Name _____ Email _____ Phone _____

Card Billing Address _____ City _____ St _____ Zip _____

Cardholder Signature _____

Please charge card now - Date: _____

Please charge card on the first day of class

Cancellation and Refund Policies

Consumers' Right of Cancellation

- You may cancel this contract without penalty or obligation within 10 business days from the date you signed this contract.
- You may also cancel this contract if, upon a doctor's order, you cannot physically receive the services, or you may cancel the contract if the services cease to be offered as stated in the contract. If you cancel this contract for either of these reasons, the seller, Lockmasters Security Institute, may keep only a portion of the tuition or contract price.
- You may notify the seller of your intent to cancel by notice to Lockmasters Security Institute, 2101 John C Watts Drive, Nicholasville, KY 40356 or education@lockmasters.com.
- This contract or note is for future consumer services and puts all assignees on notice of the consumer's right to cancel under Kentucky fair trade practice rules.

Refund Policies

- If LSI receives verbal notice of cancellation 10 business days from the class start date, LSI will issue a full refund.
- If LSI receives verbal notice of cancellation less than 10 business days prior to class start date the student will be charged full tuition and can re-schedule for a future date, based on availability.
- If an applicant is not accepted into LSI's training program, LSI will issue a full refund.
- LSI reserves the right to cancel a class due to insufficient enrollment. You will be notified and a full refund will be issued.
- If an applicant does not show for the start of a class, full tuition will be forfeited.

Student Protection Fund

KRS 165A.450 requires each school licensed by the Kentucky Commission on Proprietary Education to contribute to a Student Protection Fund, which will be used to pay off debt incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program. To file a complaint against the Student Protection Fund, each person must submit a completed "Form for Claims against the Student Protection Fund". This form can be found on the website at www.kcpe.ky.gov.

Release and Limitations of Liability

By participating in the LSI education program enrollees (i.e. students) agree to release and hold harmless Lockmasters Security Institute, Lockmasters, Inc, and their officers, directors and employees from and against any claim or cause of action arising out of participation in the program, including property damage, personal injury or death. Each participant further agrees that in any cause of action, the Lockmasters' liability will be limited to the cost of participating in the program, and in no event shall Lockmasters and its parties be liable for attorneys' fees, punitive, consequential, direct or indirect damages and each participant waives the right to claim any damages whatsoever.

Refund Affidavit

In signing this enrollment agreement, I certify that I have received a copy of the refund policy and have read all parts of the agreement carefully. I hereby agree to follow LSI's policies and abide by the terms of payment arranged on this enrollment agreement. I, the undersigned, do hereby swear and affirm that all statements on this enrollment application are true to the best of my knowledge. I understand that I may be thoroughly investigated and I further understand that willfully withholding information or making false statements on this application will be the basis for dismissal from LSI's training program. I further swear and affirm that I have never been convicted of the crime(s) of Burglary, Breaking and Entering, Robbery, and/or Grand or Petty Larceny. Further, I solemnly swear that I will use this information only in the discharge of my duties; that I will never use my knowledge of this subject to aid and abet in the commission of a crime.

- I understand that this certificate is solely for the purpose of continuing education for locksmiths and other security professionals.

Applicant Signature _____ Date _____

LSI School Official _____ Date _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Lockmasters Security Institute** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Lockmasters Security Institute**. **Lockmasters Security Institute** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Lockmasters Security Institute**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Lockmasters Security Institute** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Lockmasters Security Institute**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Today's Date _____

Name as it appears on your driver's license _____ Position Applied For _____

_____-_____-_____/_____/_____
 Social Security Number Date of Birth Driver's License Number State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS Mo./Yr. / Mo./Yr

Current Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?