

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 _____

Citizenship Status: USA Naturalized Alien (Temporary) Alien (Permanent)

If NOT a citizen, what is your Visa type: _____

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: _____

Military Status: Active Reservist Retired Civilian DoD Other _____

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 _____