

For PREVIOUS Students. You are not required to complete the application again.
 Simply call 866.574.8724 Monday - Friday 8:00 am to 4:00 pm or email education@lockmasters.com.
 We'll need STUDENT NAME, CLASS NAME & DATE for enrollment and PAYMENT information.
 When enrolled the student will receive a confirmation email.

LSI reserves the right to refuse any application. **Please understand that without down payment/deposit information or the appropriate government forms, your application may 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

For NEW Student Applicants. All questions must be answered. Please print or type. *There is a ONE TIME \$100 Enrollment Fee for new students*

1. Student Contact Information	Last _____ First _____ Middle _____ Street _____ City _____ St _____ Zip _____ Home Phone _____ Cell Phone _____ Email _____
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NOTE: we recommend a personal email so confirmation emails do not go to spam

2. Govt or Military Branch or Company Information	Name _____ Phone _____ Work Email _____ Unit _____ Address _____ Building _____ City _____ State _____ Zip _____
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3. Courses	Course Name _____ <input type="checkbox"/> Kentucky <input type="checkbox"/> Maryland Date _____ Course Name _____ <input type="checkbox"/> Kentucky <input type="checkbox"/> Maryland Date _____ Course Name _____ <input type="checkbox"/> Kentucky <input type="checkbox"/> Maryland Date _____ <p style="text-align: center;"><i>We also recommend listing an alternate date for a class in case the first choice is full.</i></p>
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NOTE: You can list multiple classes on one application.

4. Military Status	<input type="checkbox"/> Active <input type="checkbox"/> Reservist <input type="checkbox"/> Retired <input type="checkbox"/> Civilian DoD Other _____
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5. Certificate	Name as you wish it to appear on your certificate: _____
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6. Payment Info	<p><i>This is the Contract Office that will be providing your course payment.</i></p> <p>THIS SECTION IS REQUIRED.</p> <p>Contract Officer Information</p> Contact Officer Name _____ Contract Officer Phone _____ Contract Office Email _____ Branch/Company Name _____ Unit _____ Address _____ Building _____ City _____ State _____ Zip _____ <input type="checkbox"/> Government Purchase Card <input type="checkbox"/> Date the card must be charged by _____ <input type="checkbox"/> Charge first day of class <input type="checkbox"/> Request access to Lockmasters' Portal Payment to pay online
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Form of Payment
Payment is required 2 weeks prior to class or the first day of class.

Lockmasters Inc reserves the right to require prepayment or credit card if upon review a portal requires acceptance of terms to which we will not agree or PO terms cannot be redline to both parties agreement.

US Government SF182 Requirements
 NOTE: Company is Lockmasters, Inc. dba Lockmasters Security Institute; Tax ID 20-3112944; Cage Code 493X5
 UEI: W7H9LMGJUFQ9 DB 605947014
Section C, Block 6 (Billing Instructions) - please define payment type and/or specific portal or to be billed along with following POC information: Name, Unit, complete billing address, phone number and email address

US Government SF1449 Contract number must be listed (or provide a copy) _____

GI Bill **Check** **Purchase Order Number & Copy** (Net Account is Required) _____

Card Number _____ Expiration Date _____ CVV Code _____
 Cardholder Signature _____

CREDIT CARD - If you prefer you can call with information or pay online - check request portal payment option above.

CANCELLATION
 In the event a student must cancel and/or reschedule **we require notification no less than 10 days prior to the first day of class.** If we are not notified payment is still required. Excludes special circumstances.

Digital Initials _____

Consumers' Right of Cancellation

- You may cancel this contract without penalty or obligation within 30 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.
- **In the event a student must cancel and/or reschedule we require notification no less than 10 days prior to the first day of class. If we are not notified the student will be charged. Excludes special circumstances.**
- 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.**

Filing a Complaint with the Kentucky Commission on Proprietary Education

To file a complaint with the Kentucky Commission on Proprietary Education, a complaint shall be in writing and shall be filed on Form PE-24, Form to File a Complaint, accompanied, if applicable, by Form PE-25, Authorization for Release of Student Records. The form may be mailed to the following address: Kentucky Commission on Proprietary Education, 300 Sower Boulevard, Frankfort, Kentucky 40601. The forms can be found on the website at www.kcpe.ky.gov.

Existence of the Kentucky Student Protection Fund

Pursuant to KRS 165A.450 All licensed schools, resident and nonresident, shall be required to contribute to a student protection fund. The fund shall be used to reimburse eligible Kentucky students, to pay off debts, including refunds to students enrolled or on leave of absence by not being enrolled for one (1) academic year or less from the school at the time of the closing, incurred due to the closing of a school, discontinuance of a program, loss of license, or loss of accreditation by a school or program.

Process for Filing a Claim Against the Kentucky Student Protection Fund

To file a claim against the Kentucky Student Protection Fund, each person must submit a signed and completed Form for Claims Against the Student Protection Fund, Form PE-38, and provide the requested information to the following address: Kentucky Commission on Proprietary Education, 300 Sower Boulevard, Frankfort, KY 40601. The 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 _____