



Alabama Locksmith Association



Proficiency Certification

Registration Form

205-552-8200

Name (PLEASE PRINT): _____

Company: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Resident address: _____

City, ST, Zip: _____

Phone: _____

E-Mail: _____

Current membership for Alabama Locksmith Association: Yes No

Alabama Locksmith Association member number: _____

Do you have an Alabama state license for locksmith? Yes No

What level of testing are you sitting for at this time? (Can only choose one-must have met any requirements for certifications.)

Alabama Certified Professional Locksmith (ACPL)

Alabama Certified Master Locksmith (ACML)

Class taking at this setting. _____

Date: _____