

Beginner Locksmith Registration

Student registration must be filled out entirely, incomplete forms will not be accepted.

PRINT CLEARLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAL: \_\_\_\_\_

Employer: \_\_\_\_\_

Please list any trade school or college you have attended. \_\_\_\_\_

Certificates and or Degrees earned \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  NO

Have you ever had any type of professional licensed revoked, suspended or surrendered?  Yes  NO

If YES please explain below.

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Location of Beginner Locksmith Class: Alabama Locksmith Association

1607 Martin St S. Suite 10

Pell City, AL 35128

205-552-8200 E-Mail: LOCKSMITHALA@GMAIL.COM