



Enrollment Procedures

For Commercial/Private

1. Complete the attached enrollment application. Be sure to list the class(es) you would like to attend on the enrollment application. Please include the dates and location of the class as well.
2. Complete the Fingerprint Form in this packet or substitute the fingerprint form from your agency.
3. Complete the consent for release of background information. LSI will conduct a background investigation on students prior to being accepted for classes.
4. Send the following to LSI:
 - A. Complete Enrollment Application (2 pages total)
 - B. Refund Affidavit Form
 - C. Fingerprint Form
 - D. Tuition
 - Option A - Full Payment (credit cards accepted)
 - Option B - \$100 deposit per class. Balance is due on the first day of class
 - E. First time enrollment fee - \$100
 - F. Consent for release of background information.

Upon completion of this application process, you will be sent a letter of confirmation. The letter of confirmation will contain hotel and scheduling information. The letter will be sent to the address listed on your application form.

For Government

1. Complete the attached enrollment application. Be sure to list the class(es) you would like to attend on the enrollment application. Please include the dates and location of the class as well.
2. Complete the Fingerprint Form in this packet or substitute the Fingerprint Form from the printing agency. The security department in your command can do this for you.
3. If the student has an active security clearance, a visit letter is required.
4. Get funding approval for the course from your command.
5. Send the following to LSI:
 - A. Complete Enrollment Application (2 pages total)
 - B. Refund Affidavit Form
 - C. Fingerprint Form
 - D. Funding
 - Check, DD1556, DD115, SF182 or Credit Card
 - E. Enrollment fee - \$100
 - F. Visit letter if applicable.

The funding forms DD1556 and DD1155 must contain a document number, billing address and correct amount for tuition. It must be signed in the appropriate places. Block 27, Block 37 and Block B (standard document number) must be completed.

Upon completion of this application process, you will be sent a letter of confirmation. The letter of confirmation will contain hotel and scheduling information. The letter will be sent to the address listed on your application form.

FUNDING INFORMATION MUST BE PROVIDED WITH APPLICATION TO RESERVE A SEAT.

Form of Payment

- | | |
|---|---|
| <input type="checkbox"/> Check (Payable to Lockmasters Security Institute) | <input type="checkbox"/> Government Forms (DD1556 or DD1155 or SF182) |
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover | <input type="checkbox"/> American Express |

Card Number _____ 3 or 4 digit security code _____

Expiration Date _____ Total Amount _____ Signature _____

Card Holder's Name _____

Card Holder's Billing Address _____

Contact Person _____ Phone Number _____ Fax Number _____

Receipt Yes No Fax email



Yes, I wish to apply for college credits through Lockmasters Security Institute.

Admission Application

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 the down payment/deposit or the appropriate government forms, my application will not be accepted. A faxed application will be accepted, but originals must be mailed or hand-delivered.

FULL NAME Last _____ First _____ Middle _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____

SEX (Circle One) Male Female

CITIZENSHIP STATUS USA Naturalized Alien (Temporary) Alien (Permanent)

If not a US citizen, what is your Visa type? _____

MILITARY STATUS _____ Will you be receiving veteran's benefits? Yes No

HOME ADDRESS Street _____ City _____ State _____ Zip _____

EMPLOYER NAME _____ Title _____

COMPANY ADDRESS _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ Home Phone (_____) _____

Cell Phone _____ email _____

Which LSI course(s) will you be attending?

Course Name _____ City/State of Class _____ Date _____

Course Name _____ City/State of Class _____ Date _____

Course Name _____ City/State of Class _____ Date _____

Your name as you wish it to appear on your certificate

First _____ Middle _____ Last _____

DATE OF BIRTH Month _____ Day _____ Year _____ Age _____

PLACE OF BIRTH City _____ County _____ State _____

GENERAL INFORMATION Height _____ Weight _____ Hair _____ Eye _____

Visible Scars or Tattoos - Describe _____

EDUCATION (Circle highest year completed): 8 9 10 11 12 College 1 2 3 4 Other _____

High School Attended _____ City _____ State _____

High School Graduation or GED completion date _____

Other Post-secondary Institutions attended and dates _____

College _____ City _____ State _____ Dates Attended _____

College _____ City _____ State _____ Dates Attended _____

College _____ City _____ State _____ Dates Attended _____

RESIDENCY STATUS: Kentucky How long have you lived in Kentucky? _____ Non-Kentucky

Have you ever been convicted of a felony? Yes No If yes, explain _____



Admission Application Continued

Do you have security clearance? Yes No Facility Issuing Clearance _____

Have you ever had a security clearance suspended, denied or revoked? Yes No

If yes, give location and dates _____

List your last previous residence and approximate dates of residence

Street _____ City _____ State _____ Zip _____

Date from _____ to _____

List your previous two employers in most recent order

Name _____ Position _____

Dates of Employment from _____ to _____ Supervisor _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Name _____ Position _____

Dates of Employment from _____ to _____ Supervisor's Name _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Names & addresses of two personal character references (No relatives)

Name (Mr., Mrs., Ms.) _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Name (Mr., Mrs., Ms.) _____

Street _____ City _____ State _____ Zip _____

Phone Number (_____) _____

Source Code (if applicable) _____



Fingerprint Form

ALL APPLICANTS MUST SUBMIT A FINGERPRINT CARD.

Fingerprints must be taken at your police department, local law enforcement agency or security department in your command.

STUDENT NAME: _____

PRINTS TAKEN BY _____

AGENCY OR DEPARTMENT _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA CODE & PHONE NUMBER (_____) _____

NOTE TO AGENCY FINGERPRINTING

The individual being printed is applying for a course of study in a security field.

The training he/she is undertaking is of a confidential nature. Should you desire a copy of these prints for your files, LSI will forward such to your agency upon receipt of written request.

Fingerprint Form

| | | | | |
|--|--------------------|---------------------|-------------------|---|
| | | | | |
| RIGHT THUMB | RIGHT INDEX FINGER | RIGHT MIDDLE FINGER | RIGHT RING FINGER | RIGHT LITTLE FINGER |
| | | | | |
| LEFT THUMB | LEFT INDEX FINGER | LEFT MIDDLE FINGER | LEFT RING FINGER | LEFT LITTLE FINGER |
| LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY |

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? |

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 |