



PRIVATE LOCKSMITH
TRAINING PROGRAM

APPLICATION FORM

Please fill out and email or fax to:
asap@asaplockandsecurity.com /
fax : 480-907-3055

Questions, please phone 480-380-2080

Name:	
Permanent Address:	
Telephone: Email:	
Birth Date: Day/Month/Year	
Sex: Please Circle:	Male or Female
Height: Feet/Inches	
Weight: In Pounds	

Please answer the following to the best of your ability:

1. How much money/salary do you expect to make as a locksmith business owner?

2. What are some of your other trade skills? Circle all that apply and expand.

Electrical? Carpentry? Mechanics? Other? Please Explain.

3. What are some of your business skills? Circle all that apply and expand.

Accounting? Business Writing? Customer Service? Other? Please Explain.

4. What are your expectations upon completion of your training? Circle all that apply and expand.

Want to go into business immediately. Want to be trained enough to work at someone else's shop

I really don't have any expectations. Other? Please explain

5. Geographically speaking, where will you want to work as a locksmith after completing the program?