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CONFIDENTIAL INFORMATION
For Locksmithing Institute

Your credentials as a registered Locksmithing Student justify your possession of tools and equipment necessary to pick locks and to perform other work of a highly restricted and confidential nature.

This form is your application to receive such credentials, the tools of your trade, instruction in lock-picking, and in the other secrets of the locksmithing profession. Answer each question completely and return this form promptly.

1. YOUR NAME ERIC S. GALT

Student Number 30-I5I89 Telephone Number

2. Age 36 Married ___ Single x Dependents NONE

3. Name of Employer AM TAKING COURSE AT AMERICAN BUSINESS CONSULT-

Nature of your work ANTS. I60I0 CRENSHAW, LONG BEACH, CALIF.

4. Have you any specialized training? BACK PAGE

5. Education: Public School ___ High X College ___ Other ___

6. How do you plan to capitalize on your training?
Spare-time earnings? ___ Open Your Own Shop? ___
Other Plans? X

7. Have you any physical defects? NO

8. List two character references:

1) Name MRS RITA STEEN
Address 5666 FRANKLIN. L.A.
Occupation HOUSEWIFE

2) Name MRS MARIE DENIENO
Address 5533 HOLLYWOOD, L.A.
Occupation WAITRESS

List any other information which you feel we should have in order to help you, on the reverse side of this form.

I, the undersigned, do hereby swear and affirm that I have never bee convicted of the crimes of burglary, or breaking and entry, robbery, or grand or petty larceny,

FURTHER, I solemnly swear that I will keep in strict confidence and to myself all of the information that I will receive from the Locksmithing Institute in regard to picking locks; that I will use this information only in the discharge of my duties as a locksmith; that I will never use my knowledge of this subject to aid or abet in the commission of a crime.

Name Eric S. Galt (write) City La angeles

Address 153 5-N-Serrano State Calif Zip Code 9000

I HAD TRAINING IN THE MILITARY IN ORDINANCE
AND SINCE THEIR IS A SIMULARITY between THE TWO
I COULD COMBINE THEM IN ONE BUSINESS.