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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 com-. pletely and return this form promptly.

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1. YOUR NAME FRIC S. GALT
Student Number 30-15189 - Telephone Number
2. Age 36 Married Single Pependents NONE
Name of Employer AM TAKING COURSE AT AMERICAN BUSINESS CONSULT-
Nature of your work ANTS. 16010 CRENSHAW, LONG BEACH, CALIF.
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
Spare-time earnings. Other Plans? X
7. Have you any physical defects? NO
: 8. List two character references: 1) Name MRS RITA STEEM Name MRS MARIE DENIANO Name MRS MARIE DENIANO
Address 5666 FRAUKLIN.L.A. Address 5533 HOLLYWOOD, L.A.
Occupation_HOUSESIFE Occupation_WAITRESS
List any other information which you feel we should have in order thelp you, on the reverse side of this form.
I, the undersigned, do hereby swear and affirm that I have never be convicted of the crimes of burglary, or breaking and entry, robbergor 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 Lock-to myself all of the information that I will receive from the Lock-to myself all of the information that I will use this smithing Institute in regard to picking locks; that I will use this smithing Institute in regard to picking locks; that I will use this information only in the discharge of my duties as a locksmith; that information only in knowledge of this subject to aid or abet in the
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