

Application for Membership  
**TENNESSEE ORGANIZATION OF LOCKSMITHS (TOOL)**  
**c/o Daniel K. Keisling**  
**9309 Cainsville Road**  
**Lebanon, TN 37090-7777**

Please print all answers using Adobe Reader or black ink.

Name: First	Middle	Last	Titles (CML, CPS, etc.)	Date of Birth
Business Name (Employer's name if you are an employee)			(____)_____	Business Telephone Number
Business Address			(____)_____	Cell Phone Number
City	State	Zip Code	(____)_____	Fax Telephone Number
E-Mail Address			Web Site	

If you are a locksmith in Tennessee, Alabama, North Carolina, or Virginia:  
Your individual license # \_\_\_\_\_ Your business license # \_\_\_\_\_  
If you are not a locksmith in Tennessee, Alabama, North Carolina, or Virginia:  
Business License # \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Please attach a current copy of your business license and a business card.

Are You:  Sole Owner  Partner  Employee  Student?  
If employee, give name of shop owner: \_\_\_\_\_

Home Address	(____)_____
City	Home Telephone Number
State	Zip Code

Send Mail to:  Business  Home. Preferred Name/Nickname \_\_\_\_\_

Are you currently working in the security industry?  Yes  No  
If yes, how long? \_\_\_\_\_ Percent of work spent in locksmithing \_\_\_\_\_%

How did you learn locksmithing? \_\_\_\_\_

What areas do you specialize in? \_\_\_\_\_

What locksmith certifications do you have? \_\_\_\_\_

List each locksmith association you are a member of and your membership number:

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ If yes, when: \_\_\_\_\_

Charge \_\_\_\_\_ Where \_\_\_\_\_

TOOL Sponsors (if any)

1. \_\_\_\_\_ 2. \_\_\_\_\_

*Type of Membership* -- Please check only one:

**Active Membership** -- Individuals engaged in the locksmith trade currently possessing a valid state locksmith license from Tennessee, North Carolina or Virginia, or a business license from other states or working for a licensed locksmith.

**Associate Membership** -- Individuals involved in the manufacturing or distribution of equipment or services to the locksmith or security industry.

**Apprentice/Student Membership** -- Individuals undergoing training to become a locksmith. Apprentice/Student membership is limited to only two years for individuals 16 or over.

Submit annual dues in the amount of \$100.00 with this application. In addition, a separate non-refundable application fee of \$30.00 is also due with this application. If the application is not approved, only your dues will be refunded to you.

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I certify that all statements in this application are true. If accepted as a member, I agree to abide by the By Laws of TOOL and any other rules or regulations passed by the Board or membership. I also understand that failure to provide truthful information on this application may cause revocation of my membership in TOOL.

I further authorize TOOL representatives to perform a background check and investigate all character references and statements made on this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*for office use only:* Date Dues Paid \_\_\_\_\_ Date received by Secretary \_\_\_\_\_  Background Check  
TOOL Board vote. \_\_\_\_\_ Date Accepted \_\_\_\_\_ Date Notified \_\_\_\_\_

(Revised June 08, 2021)