



ALOA Proficiency Registration Program Recertification Credit Report Form (16 total points required in three-year term)

Name _____

Employer _____

ALOA # _____ CRL CPL CML
(circle one)

Recertification Term Expiration _____

This form should be submitted during the third year of the certification term, and returned to the Certification Department for review and evaluation of recertification credits. The recertification expiration date for each CRL, CPL or CML is December 31st of the third year of the term.

In order for us to process your recertification form more efficiently and avoid delays, follow these steps:

- Please be as specific and detailed as possible. If it is not apparent from the title of a course or seminar that it is clearly Locksmith/physical security or other security-related, please include an explanation.
- Sign in the space provided and return by mail or fax (see the third page of this form for address/fax number)
- You do not need to submit documentation with this form.
- Keep a copy of this form and documentation for your records.
- Documentation may be required if challenged.

Recertification form must be completed and proper documentation attached prior to submission. Incomplete forms will be returned.

MEMBERSHIPS

Documentation required (e.g., copy of membership certificate, copy of membership card showing date, or other acknowledgment of completion).

(Non-profit professional security associations)		POINTS Claimed / Approved
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		
Name of Association	Years	/
Location		

2. EDUCATIONAL PROGRAMS AND COURSES

Documentation required (e.g., copy of class or workshop certificate, copy of registration confirmation, or other acknowledgment of completion).

POINTS
Claimed /Approved

Sponsor		
Program Title or Description		
Location	Dates	Hours
Sponsor		
Program Title or Description		
Location	Dates	Hours
Sponsor		
Program Title or Description		
Location	Dates	Hours
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Program Title or Description		
Location	Dates	Hours
Sponsor		
Program Title or Description		
Location	Dates	Hours

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3. INSTRUCTION, SPEECHES AND OTHER PROGRAM PARTICIPATION

Documentation must show the CRL, CPL or CML's completion of the activity (e.g., letter, certificate of appreciation or other acknowledgment of service)

POINTS
Claimed /Approved

Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	
Type of Participation	Sponsor	<u> / </u>
Program Title or Description		
Location	Dates	

4. PUBLICATION

Documentation required (e.g., copy of article with publication date acceptance, letter from publisher, etc.)

POINTS

Claimed /Approved

4-1 Title of Contribution	
Publication in which It appeared	Dates
4-2 Title of Contribution	
Publication in which It appeared	Dates
4-3 Title of Contribution	
Publication in which It appeared	Dates
4-4 Title of Contribution	
Publication in which It appeared	Dates

_____/_____

_____/_____

_____/_____

_____/_____

5. PUBLIC SERVICE (must be locksmith/physical security or other security related, supporting documentation is required)

_____/_____
_____/_____
_____/_____
_____/_____
_____/_____

6. OTHER ACCOMPLISHMENTS (must be locksmith/physical security or other security-related, supporting documentation is required)

_____/_____
_____/_____
_____/_____

Total Points

Have you been convicted of a criminal offense in the past 3 years? ~ No ~ Yes (explain on separate sheet)

Mailing Address Update

Circle ONE: Business or Home

Address:

Phone:

Fax:

E-mail

I certify that all statements, answers and representations made in this report are accurate to the best of my knowledge.

Signature

Date

FOR STAFF USE ONLY

Total **APPROVED** Points This Report _____

Total **APPROVED** Points To Date _____

Signature

Date

Submit by mail, fax or e-mail to:
ALO Proficiency Registration Program

3500 Easy Street
Dallas, TX 75247-6416
Fax: 214-819-9429

Email: education@aloa.org