ALARM BUSINESS REGISTRATION

Registration #: _____ **Fee: $45.00**

Valid: _____ **to** _____

Renewal Date: _____

ALARM BUSINESS NAME:_____ LICENSE #:_____ EXP DATE: _____

Business Address: _____ Mailing Address: _____

_____ _____

Contact Person: _____ Contact Phone #: _____

Email: _____

Qualifier Name: _____ Qualifier Phone #: _____

Website: _____

MONITORING COMPANY:_____ ADDRESS: _____

LICENSE #: _____ EXP DATE: _____ Contact Phone#: _____

Please attach check or money order made payable to: Orange County BCC

Mail payment to: **OCSO False Alarm Reduction Unit**
Alarm Administrator
PO Box 5879
Winter Park, FL 32793-5879

Questions on the back of this form must be answered before the registration will be issued. When payment is received and registration is approved, a receipt and registration number will be issued and sent to the mailing address indicated above. For questions or additional information call 407-836-3969.

Do all employees that sell, install, or service your alarm systems have the required FDLE background check and picture ID? YES ☐ NO ☐

Do all employees that sell, install, or service your alarm systems have the required BASA/FASA certification? YES ☐ NO ☐

Has the installer instructed the user in the proper procedures for the operation of the alarm system? YES ☐ NO ☐

Has the installer instructed the user in the proper procedures when an alarm signal occurs? YES ☐ NO ☐

Has the alarm user been given instruction on how to avoid false alarms? YES ☐ NO ☐

Does the equipment installed meet current ANSI or UL requirements? YES ☐ NO ☐

If you answered "no" to any of these questions please explain:

_____

_____

_____

_____

do not write below this line

FARU USE ONLY

Registration approved? Yes No Date approved: _____/_____/_____

Receipt issued? Yes No Receipt #: _____ Date issued: _____/ _____/_____

Employee #: _____