



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:		
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do not write below this line

FARU USE ONLY

Registration approved?	Yes	No		Date approved:	____/____/____
Receipt issued?	Yes	No	Receipt #: _____	Date issued:	____/____/____
Employee #: _____					