

NEW
 RENEWAL

ALARM TECH
 ALARM TECH-TEMP

Alarm Technician – Alarm Technician Temporary License Application Metro Louisville/Jefferson County, KY

Make check payable to: False Alarm Reduction Unit
Mail application and required forms to: Pam Steiger, LMPD
768 Barret Avenue, Room 410
Louisville, KY 40204

Annual License Fee - \$25.00

(Administrator will fill in the license number and expiration.)

Applicant Name:		License #	License Expires:
Social Security Number _____-_____-_____		Email: _____	
Address			
City		State	Zip
Numbers where you can be reached	Day	Evening	
Birth Date: ____ / ____ / ____ Enclose a copy of a government issued photo ID . Applicant must be at least 18 years of age. MM DD YYYY MANDATORY REQUIREMENT			
Please list below the Names, Address, and License Number for all Alarm Businesses you work for as an employee or sub-contractor. (Please include a separate sheet for additional names)			
Name	Address		License #
Name	Address		License #
Name	Address		License #
Have you ever been convicted of: (If so, please attach letter of explanation.)			
Violent Crimes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sexual Offenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Theft or Fraud Related Offenses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please enclose (1) of the following documents (MANDATORY REQUIREMENT): On New Applications Only – Proof of <u>current</u> Level 1 National Burglar and Fire Alarm Association (NBFAA) Certification or its equivalent. On Renewal Applications Only – Proof of <u>current</u> (12) hours continuing education credit required by NBFAA or equivalent certification program.			

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of Chapter §127 or failed to provide all the information required by §127.09. I understand Violation of §127.09 shall be sufficient cause for refusal to issue a license or to revoke a license.

I further understand that the above information will be used by the Louisville Metro Police Department to issue an alarm technician license or an alarm technician temporary license and any untruthfulness or falsification with intent to mislead may result in my prosecution under Kentucky revised statute 523.100.

_____ Applicant's signature _____ Date

THIS FORM MUST BE NOTORIZED:

Subscribed and sworn before me _____ on the _____ day of _____, 20____.

Applicant's signature

Notary Public _____ (Seal)

State of _____

My Commission Expires: _____