

FLORIDA ALARM SCHOOL LLC

PO Box 602
Brandon, FL 33509-0602

FASA/BASA ID CARD APPLICATION

Phone 813-621-2333
training@floridaalarmschool.org

AGENT INFORMATION: (Please type or print clearly and sign where indicated with **BLACK** ink)

Name Last, _____ First, _____ Mid, _____

Address, _____ City, _____ State, _____ Zip, _____

Phone, _____ Email, _____ DOB, _____

____ New Agent ID 14 Hour Class Date _____, City _____

____ Renewal Agent ID 6 Hour Class Date _____, City _____

____ Change Company Previous Company _____

____ Replace ID card Reason _____

If your training class was not
from Florida Alarm School
attach Training Certificate

Attach copy of card or certificate

Attach copy of Drivers License

I have filled out this application completely and truthfully to the best of my knowledge.

I understand that I must meet all other requirements for the I certification sought.

AGENT SIGNATURE Sign completely inside box with Black Ink!

AGENT # _____

Date: _____ LC _____ LX _____

Exp Date: _____ TC _____ TX _____

COMPANY INFORMATION: (Please type or print clearly and sign where indicated with **black** ink)

Company Name, _____

Address, _____ City, _____ State, _____ Zip, _____

Contact, _____ Email, _____ Phone, _____

Qualifier Certification: As Qualifier, I hereby attest that the applicant listed above is a payroll employee of the Company listed herein, has the amount of experience required, if any, and on successful completion of training will meet all other requirements for the certification sought. I understand that I must comply with the laws, codes and standards applicable in Florida. Giving any false statements or knowing misrepresentation when applying for certification constitutes a criminal offense and may result in prosecution. I declare that I have read the foregoing document and that the facts stated in it are true.

By signing below I agree to pay in full for training for the above listed student if required for this certification. I understand No refunds will be issued for failure to complete the training satisfactorily or failure to attend the entire class for any reason unless cancelled at least 72 hours prior to the scheduled start of class. Should a class be cancelled by us for any reason, you will have the option of a refund or reschedule to a future date at no additional cost.

QUALIFIER SIGNATURE Sign completely inside box with Black Ink!

Print Qualifier's Name, _____

Date: _____ ECLB Lic # _____

Bring this completed form to class or Mail to Florida Alarm School, PO Box 602 Brandon, FL 33509-0602.

FASA/BASA ID cards are included in our class fees, for Replacement or Transfer cards please include payment of \$20 with this form. Pictures for ID cards will be done in class. For transfer ID cards email us a passport like picture in JPG format.

For **Renewal or Transfer Agents** include a copy of the front of their expiring FASA and BASA cards if available.

To Register for a FASA/BASA New Agent or Renewal Training class go to www.floridaalarmschool.org