



I.D. BADGE ORDER FORM

Authorized DBPR Provider #0005506

Please Print

Employee Legal Name: _____

Employee Signature Box (please sign within the box)

Company Name: _____

Company Address _____

City _____ ***State*** ____ ***Zip*** _____

Phone _____ ***Email*** _____

Name of Qualifier: _____ ***FL State License# E*** _____

Qualifier/ License holder Signature Box (please sign within the box)

NOTE: It is the employer's responsibility to insure their personnel have met the requirements of all Florida Statutes, and F.S. 489 part II. The employer and employee will hold Alarm Tech Training harmless for any misrepresentation, false statements, omissions, errors or incomplete actions either on the part of the company or the employee.

If you purchased a course with ID Card, please fill out form, scan it and attach a digital photo to: support@alarmtechtraining.net

If you are ordering a replacement card please fill out form, scan it and attach a digital photo to support@alarmtechtraining.net

ID Cards can be purchased at www.alarmtechtraining.net