APPLICATION FOR EXAMINATION METROPOLITAN AREA BUILDING & CONSTRUCTION DEPARTMENT WICHITA/SEDGWICK COUNTY, KANSAS

CLASSIFICATION OF EXAMINATION:

ALARM SYSTEMS TECHNICIAN:				
This application must be completed in its Construction Department, 271 W. 3rd St,	•	-	ing and	
Application Fee: Twenty-five dollars (\$25.00)			
Please Print or Type. Each blank on the a	pplication must be completed	or designated "NA"	if not applicable.	
Name	Social Security #			
Address				
Address Number and Street	City	State	Zip	
Home Telephone #	Business Telephone #			
Have you taken this exam before? Yes	No If Yes, approx	ximately When?		
For whom have you been	n employed - Current or Lat	est employer listed	first:	
Name	Business Address	Dates of Employment		
I hereby certify that the statements counderstand that any falsification of the ab		•	_	
		Date:		

Have you ever taken the Prometric examination b	efore?		
Was the application approved through Metropolit If yes, When?	an Area Building & Cons	struction Department?	
Have you ever had a certification revoked?			
If yes, state circumstances.			
**************************************	erein are true to the best	of my knowledge and belief.	
for revocation or recall of a certificate.			
Signature of Applicant:	Date:		
You will be notified by mail of APPROVAL or processing.	DENIAL and further in	estructions. Allow 14 days for	
DEPARTM	IENT RECORD		
Date Received:			
Board Action Date:	Approved:	Denied:	
COMMENTS:			