



## Metropolitan Area Building and Construction Department

271 W. 3rd St. N., Ste 101, Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

## **CLASSIFICATION OF EXAMINATION:**

ALARM SYSTEMS TECHNICIAN:			
This application must be completed in its Construction Department, 271 W. 3rd St, St	•	*	ng and
Application Fee: Twenty-five dollars (\$	25.00)		
Please Print or Type. Each blank on the ap	plication must be compl	eted or designated "NA" i	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, approximately When?		
For whom have you been	employed - Current or	· Latest employer listed f	first:
Name	Business Address	Dates of Em	
I hereby certify that the statements con understand that any falsification of the abo			
Signature of Applicant:		Date:	

Have you ever taken the Prometric examination before?
Was the application approved through Metropolitan Area Building & Construction Department?  If yes, When?
Have you ever had a certification revoked?
If yes, state circumstances.
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Signature of Applicant: Date:
You will be notified by mail of <b>APPROVAL</b> or <b>DENIAL</b> and further instructions. Allow 14 days for processing.
DEPARTMENT RECORD
Date Received:
Board Action Date: Approved: Denied:
COMMENTS: