



**Metropolitan  
Area Building &  
Construction  
Department**

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - [www.sedgwickcounty.org](http://www.sedgwickcounty.org) - TEL: 316-660-1840 - FAX: 316-660-1810

**CLASSIFICATION OF EXAMINATION:**

**ALARM SYSTEMS TECHNICIAN:** \_\_\_\_\_

This application must be completed in its entirety and returned to: Metropolitan Area Building and Construction Department, 271 W. 3rd St, Suite 301 - Wichita, Kansas 67202.

**Application Fee: Twenty-five dollars (\$25.00)**

Please Print or Type. Each blank on the application must be completed or designated "NA" if not applicable.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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 first:**

\_\_\_\_\_  
Name Business Address Dates of Employment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any falsification of the above answers is justification for revocation or recall of a certificate.

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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I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any falsification of the above answers or documented proof of experience is justification for revocation or recall of a certificate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

You will be notified by mail of **APPROVAL** or **DENIAL** and further instructions. Allow 14 days for processing.

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### **DEPARTMENT RECORD**

Date Received: \_\_\_\_\_

Board Action Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

### **COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_