



**Metropolitan
Area Building &
Construction
Department**

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

CERTIFICATION CLASSIFICATION:

ALARM SYSTEMS TECHNICIAN: _____

90 DAY ELEVATOR MECHANIC: _____

This application must be completed in its entirety and **attach a copy of the certificate or letter issued by the certification agency** and return to: Metropolitan Area Building & Construction Department, 271 W. 3rd St, Suite 101 - Wichita, Kansas 67202.

Certification Fee: Certificate Fee: \$35.00 for each certificate
Certificates expire December 31st of each odd-number year.

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

Name _____ SS # or DL # _____

Address _____
Number and Street City State Zip

Home Telephone # _____ Business Telephone # _____

Email address: _____

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: _____

DEPARTMENT RECORD

Date Received: _____ Approved: _____ Denied: _____