

License No. _____
Date Pd. _____
Amt. Pd. _____



One Detjen Drive
Crestwood, MO 63126

APPLICATION FOR EMERGENCY ALARM SYSTEM INSTALLER/SERVICER

1. Name of Alarm System Installer/Service Business:

2. Address of Alarm System Installer/Service Business:

3. Telephone Number:

4. Check One:

Individual Proprietorship
 Partnership, Give Names & addresses of Partners:

Corporation, Give names and addresses of Officers:

State of Incorporation: _____

Registered Agent: _____

Address of registered office: _____

5. ATTACH Results of Background Checks on each individual employee, agent, officer, partner or business associate whose position gives him or her access to information as to the installation and use of the alarm system for alarm users. In Crestwood.

6. Complete the Names and Addresses of customers/properties in Crestwood that currently are serviced by your company (Page 3).

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7. ATTACH to this application a copy of the specifications of the alarm systems to be offered, copy of the instructions to be provided alarm users, and copy of the type and availability of repair and maintenance service to be made available to customers of the applicant.

8. Please enclose the \$50.00 License Fee.

I HEREBY AFFIRM THAT ALL OF THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I HAVE COMPLETED THIS FORM FULLY WITH ALL REQUESTED ITEMS ATTACHED.

Signature of Officer

Print Officer's Name and Title

