



No hat or sunglasses

Digital
Photo can be taken by
a smart phone &
emailed in jpeg format

I.D. BADGE ORDER FORM FOR HARD COPY BADGES ONLY

- 1. **Employee Name:** (print): _____
- 2. **Social Security:** Last 4 digits only _____
- 3. **Employee Signature Box** (please sign within the box)

- 4. **Company Name** _____
- 5. **Company Address** _____
- 6. **City** _____ **State** _____ **Zip** _____
- 7. **Phone** () _____ **Fax** () _____ **E-Mail** _____

- 8. **Name of Qualifier:** (print) _____ **ECLB License #** E _____
- 9. **Qualifier/License holder Signature Box** (please sign within the box)

10. CHECK BOXES THAT APPLY:

- FASA** A copy of **all** FASA Certificates is required if other than an AAF certificate
_____ \$37.00 (AAF Non-Member) _____ \$25.00 (AAF Member)
- BASA** A copy of **all** BASA Certificates is required if other than an AAF certificate
_____ \$37.00 (AAF Non-Member) _____ \$25.00 (AAF Member)
- BOTH BASA & FASA** A copy of **all** BASA/FASA Certificates is required if other than an AAF certificate
_____ \$42.00 (AAF Non-Member) _____ \$30.00 (AAF Member)

NOTE: It is the employer's responsibility to insure their personnel have met the requirements of all FL Statutes and F.S. 489 part 2. The employer and employee will hold the AAF harmless for any misrepresentation, false statements, omissions, errors or incomplete actions either on the part of the company or the employee. Signatures on the card attest the qualifier has met all pertinent obligations. **FINGERPRINT CARD:** The AAF will furnish one complimentary fingerprint card with each badge order (for new hires only) that must be submitted to the Florida Department of Law Enforcement for background check. [FDLE]

11. Method of Payment: (Total must be paid in full at the stated rate upon application.)

___ Check Enclosed ___ VISA ___ Master Card
___ American Express ___ Discover

Card# _____ Expiration _____ Code _____
Name on Card _____ Zip code where billed: _____

(Note: We do not accept purchase order numbers. All items must be pre-paid.)
RETURN COMPLETED FORM WITH PHOTO, TO: mkenna@fla-alarms.org
Or mail to:

Alarm Association of Florida, Inc.
1830 N. University Drive #329 Plantation, FL 33322-4114 / PH (954) 748-7779 / FX (954) 748-4749
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