



Attach employee passport Photo here – 2” X 2 ¼”, Black/white or color Photo will be used for I.D. badge. [ NO HAT or sunglasses ]

‘SERVING THE SECURITY, FIRE & LOW VOLTAGE INDUSTRIES’  
Authorized DBPR Provider #0001140

**I.D. BADGE ORDER FORM**

Please duplicate this form for each badge ordered. Do not list more than one individual on each form!

- I. **Name:** (as it appears on Soc. Sec. Card) \_\_\_\_\_
- II. **Soc. Sec. #**( required for certification processing) \_\_\_\_\_
- III. **Company:** \_\_\_\_\_ **Employer License#** \_\_\_\_\_
- IV. **Name of License Holder:** (required) \_\_\_\_\_

**Qualifier/ License holder Signature Box (do not overwrite)**

V. **Co. Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

VI. **Phone** ( ) \_\_\_\_\_ **Fax** ( ) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

VII. **Employee Signature Box (do not overwrite)**

VIII. **CHOOSE THE I.D. BADGE YOU NEED:**

**\$24.95 EACH BADGE (member) - \$34.95 EACH BADGE (non-member)**

**FASA** cards will show a two-year window from date of Training  
A copy of **all** FASA Certificates is required if other than an AAF certificate.

**BASA** cards will show a two-year window from date of Training.  
A copy of **all** BASA Certificates is required if other than an AAF certificate

( select the proper badge category):

Technician

Salesperson

Administrative/Management

**NOTE: It is the employer’s responsibility to insure their personnel have met the requirements of all Florida 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.**

**FINGERPRINT CARD:** The AAF will furnish one complimentary fingerprint card with each badge order that must be submitted to the Florida Department of Law Enforcement. [ FDLE ]

IX. **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 \_\_\_\_\_ / \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

(Note: We do not accept purchase order numbers. All items must be pre-paid.) (v 07-07)

**RETURN COMPLETED FORM WITH PHOTO, CHECK and/or CREDIT CARD AUTHORIZATION TO:**

**Alarm Association of Florida, Inc.**

1802 N. University Drive #329 Plantation, FL 33322-4115 / PH (954) 748-7779 / FX (954) 748-4749

[www.fla-alarms.org](http://www.fla-alarms.org)

[bneely@fla-alarms.org](mailto:bneely@fla-alarms.org)