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1802 N. UNIVERSITY DR. #329  
PLANTATION, FL 33322-4115

## TRAINING COURSE REGISTRATION FORM

Authorized DBPR Provider # 0001140

### Course Check One:

#### TRAINING:

BASA 14-HOUR   
ASAeb0007232

FASA 14-HOUR   
FASAeb0007231

BASA/FASA 14-HOUR COMBO   
ASAeb0007232/FASAeb0007231

#### RENEWAL:

BASA 6-HOUR   
ASAce0007303

FASA 6-HOUR   
FASAce0007301

BASA/FASA 6-HOUR COMBO   
ASAce0007303/FASAce0007301

Dates: (M\_\_\_\_) (D\_\_\_\_ & \_\_\_\_), 200\_\_

Location: City \_\_\_\_\_

Attach Employee  
Photo HERE  
Black/White or Color  
Photo will be used for  
I.D. badge.  
**[No hat or  
sunglasses]**

**Materials to Bring (when applicable):** Passport size **PHOTO** for the badge (with name on the back), calculator, pencil, and any specified course materials.

**Fees: AAF Member Training –BASA only OR FASA only - \$ 215.00 B/F COMBO \$299.00**

**Non-Member Training - BASA only OR FASA only - \$ 430.00 B/F COMBO \$ 598.00**

**AAF Member Renewal-BASA only OR FASA only - \$105.00 B/F COMBO \$165.00**

**Non-Member Renewal-BASA only OR FASA only - \$210.00 B/F COMBO \$330.00**

Make checks payable to AAF. For credit card processing call (800) 899-2099 or visit the online store @ [www.fla-alarms.org](http://www.fla-alarms.org) All classes **MUST BE PRE- REGISTERED AND PRE-PAID.** The AAF office must receive class registrations no later than five (5) business days before class commencement. The AAF office must receive all payments no later than the class commencement unless otherwise arranged, or they will be considered delinquent. All delinquent payments will be charged a late fee of 10% of the total. If the AAF incurs increased costs as a result of late registration, late payment, or cancellation, the AAF will directly bill the responsible party. Any cancellation must be in writing via fax or e-mail from an authorized company representative and the AAF must receive it no less than seventy-two (72) hours in advance of the class commencement. A forty-dollar (\$40) administrative fee will be charged for each cancelled student. Failure to cancel in this manner will result in no refund.

Employee Name (print): \_\_\_\_\_  
First Middle Last

E-Mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Sign inside above **employee signature** box – **DO NOT OVERRUN**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Name of Company Qualifier: \_\_\_\_\_ Lic. # \_\_\_\_\_

Sign inside above **qualifier signature** box – **DO NOT OVERRUN**

**(FOR FASA OR BASA CLASS - It is the employer's responsibility to submit a completed fingerprint card to FDLE for a background check. A blank fingerprint card will be provided.)**