



City of Wichita
Attn: Alarm Administrator
455 N Main – 4th Floor
Wichita, KS 67202
Phone: (316) 268-4196
Fax: (316) 858-7704

**ALARM BUSINESS CERTIFICATE OF ALARM SYSTEM INSPECTION
AND ALARM USER TRAINING**

Date: _____

Alarm User Name: _____

Alarm System Address: _____

Alarm User Permit Number: _____

I, the undersigned, hereby certify I am an authorized representative of the below named alarm business, licensed by the City of Wichita to conduct business in Wichita, KS. I certify the alarm system has been inspected, all necessary repairs have been performed, and the alarm system is in proper working order as of the date of this certificate. I also certify all alarm users at this location have been re-trained on the proper use of the alarm system.

Signature of Representative

Printed Name of Representative

Name of Alarm Business

City of Wichita Alarm Business License Number

Notary Public

My appointment expires on the ____ day of _____, 20__

***This certificate must be returned to the Alarm Administrator at the above address or fax number.