



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/Account 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

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