



NOTIFICATION FORM OF ALARM USER PERMIT NUMBER

Upon receipt of your Alarm User Permit Number, please send to Certified Alarm Technicians Inc.

Certified Alarm Technicians Account number _____

Alarm User Name on Account _____

Alarm Address _____

City _____, Florida Zipcode _____

Alarm User Permit Number _____

Date Alarm User Permit Number Issued _____

Customer's Signature _____

Date Signed _____

Please Send To:
Certified Alarm Technicians Inc. • 1401 Neptune Drive • Boynton Beach, FL 33426
Fax: 561-752-3033 • Email: service@certifiedalarmtechnicians.com
Please call to verify receipt of form • 561-752-5555
Fl.Lic. # ECA002282