

**SECURITY OR FIRE ALARM SYSTEM INSTALLER  
COURSE APPROVAL RENEWAL APPLICATION**

**PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- Annual registration period runs from January 1st to December 31st.
- All instructors must be approved.

**MODULE COURSE APPROVAL REQUESTED AND SCHOOL CODE NUMBER:**

**SCHOOL CODE NUMBER:** \_\_\_\_\_

- MODULE 1 - INSTALLATIONS: STANDARDS, CODES AND TECHNIQUES
- MODULE 2 - CONTROL PANELS AND ALARM TRANSMISSIONS
- MODULE 3 - SECURITY SYSTEMS
- MODULE 4 - FIRE TECHNOLOGY
- MODULE 5 - SERVICE AND MAINTENANCE OF ALARM SYSTEMS

SCHOOL NAME \_\_\_\_\_

ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

PRIMARY LOCATION (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #1 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #2 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SECONDARY LOCATION #3 (PLACE, NUMBER AND STREET; ROOM/FLOOR/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

1. Is any change being made or is any change contemplated in the presentation of this course in the forthcoming year relative to study material?  
 **Yes\***  **No** **If Yes\*, attach explanation of change**
2. Has or will there be a change in any final examination?  
 **Yes\***  **No** **If Yes\*, attach the final examination, answer key, reference source and page and subject matter category.**
3. Indicate names and signatures of persons authorized to sign course completion certificates.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF COORDINATOR

\_\_\_\_\_  
SIGNATURE

( )  
\_\_\_\_\_  
BUSINESS PHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS (if any)

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_ ENTERED: \_\_\_/\_\_\_/\_\_\_ BY: \_\_\_\_\_

APPROVAL MAILED: \_\_\_/\_\_\_/\_\_\_