



Authorized DBPR Provider #0001140

[www.fla-alarms.org](http://www.fla-alarms.org)



Photo for Badge

**No hat or sunglasses**

Digital  
Photo can be taken by  
a smart phone &  
emailed in jpeg format

**I.D. BADGE ORDER FORM FOR HARD COPY OR DIGITAL BADGES**

1. **Employee Name:** (print): \_\_\_\_\_
2. **Social Security:** Last 4 digits only \_\_\_\_\_
3. **Employee Signature Box** (please sign within the box)

4. **Company Name** \_\_\_\_\_
5. **Company Address** \_\_\_\_\_
6. **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_
7. **Phone** (    ) \_\_\_\_\_ **Fax** (    ) \_\_\_\_\_ **E-Mail** \_\_\_\_\_
8. **Name of Qualifier:** (print) \_\_\_\_\_ **ECLB License # E** \_\_\_\_\_
9. **Qualifier/License holder Signature Box** (please sign within the box)

**10. CHECK BOXES THAT APPLY:**

- ☐ **FASA** A copy of all FASA Certificates is required if other than an AAF certificate  
\_\_\_\_\_ \$37.00 (AAF Non-Member) \_\_\_\_\_ \$25.00 (AAF Member) \_\_\_\_\_ Free Digital Badge
- ☐ **BASA** A copy of all BASA Certificates is required if other than an AAF certificate  
\_\_\_\_\_ \$37.00 (AAF Non-Member) \_\_\_\_\_ \$25.00 (AAF Member) \_\_\_\_\_ Free Digital Badge
- ☐ **BOTH BASA & FASA** A copy of all BASA/FASA Certificates is required if other than an AAF certificate  
\_\_\_\_\_ \$42.00 (AAF Non-Member) \_\_\_\_\_ \$30.00 (AAF Member) \_\_\_\_\_ Free Digital Badge

**NOTE:** It is the employer's responsibility to insure their personnel have met the requirements of all FL Statutes and F.S. 489 part 2. The employer and employee will hold the AAF harmless for any misrepresentation, false statements, omissions, errors or incomplete actions either on the part of the company or the employee. Signatures on the card attest the qualifier has met all pertinent obligations.

ADDITIONAL TERMS MAY APPLY – GO HERE FOR DETAILS: [TERMS OF SERVICE](#)

**11. Method of Payment:** (Total must be paid in full at the stated rate upon application.)

Card# \_\_\_\_\_ Expiration \_\_\_\_\_ Code \_\_\_\_\_  
Name on Card \_\_\_\_\_ Zip code where billed: \_\_\_\_\_  
Email Address to Send Receipt to: \_\_\_\_\_

(Note: We do not accept purchase order numbers. All items must be pre-paid.)

**RETURN COMPLETED FORM WITH PHOTO, TO: [robert.few@fla-alarms.org](mailto:robert.few@fla-alarms.org)**