

**TOWN OF OCEAN RIDGE  
ALARM AGENT'S IDENTIFICATION CARD APPLICATION**

Pursuant to Town Code Article III, Section 6-56(a), every alarm agent employed by an alarm business within the Town shall be required to obtain an identification card from the Chief of Police.

**Name** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Aliases** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State Issued** \_\_\_\_\_

**Residence Address** \_\_\_\_\_

**City, State & Zip Code** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Business Name, Address & Phone #** \_\_\_\_\_

---

I, the undersigned, hereby certify that any change in the information in this application or of the termination of my employment by the alarm business shall be reported to the Police Department within (10) days of such change.

I, the undersigned, understand that the identification card shall be carried on my person whenever I am engaged in the business of the licensee, and shall be exhibited at the demand of any lawful authority.

I, the undersigned, understand it shall be a misdemeanor to willfully fail to return an alarm agent identification card to the Police Department or business upon termination or my employment with an alarm business.

I, the undersigned, understand that upon furnishing the information required under Town Code Article III, Section 6-56, and upon the completion of a background check with the Florida Department of Law Enforcement in Tallahassee, the Chief of Police shall either approve or deny the issuance of an identification card.

A non-refundable fee of Fifteen dollars (\$15.00) payable to the Town of Ocean Ridge is attached, which is the processing fee. You must get your own background check (\$24.00 by credit card) on the internet at: [www.fdle.state.fl.us](http://www.fdle.state.fl.us) and present it within (7 days), along with \$15.00 to the Town of Ocean Ridge for processing the application.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date Signed**

---

**For Police Department Use**

**Denied** **Date:** \_\_\_\_\_

**Approved** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Chief of Police**

**Identification Card #** \_\_\_\_\_ **Date Issued to Applicant** \_\_\_\_\_

**Town of Ocean Ridge**  
**Alarm Agent's Identification Card Application**

Applicant's Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Pursuant to Town code Article III, Section 6.56 (a)(3), and Florida State Statute 166.0433, (1986), the following additional information is required of the applicant:

**AFFIDAVIT**  
**STATE OF FLORIDA**  
**COUNTY OF PALM BEACH**

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who after being duly sworn, deposes and says:

Any and all disciplinary measures taken against me since I was 18 years old, by any licensing agency, professional organization, armed forces unit, or other police or governmental body are listed below: (Do not list non-criminal traffic citations or administrative punishment under Article 15, U.C.M.J.). :

**If NONE then indicate NONE.**

1.

DATE DISCIPLINE	TYPE OF DISCIPLINE	REASON FOR
--------------------	--------------------	------------

2. Any and all arrests of me by any police agency since I was 18 years old are listed below:

**If NONE then indicate NONE.**

DATE	ALLEGED OFFENSE	DISPOSITION
------	-----------------	-------------

3. I understand that any untruthful statement or item undisclosed on this affidavit may be grounds for revocation and withdrawal of any license or alarm agent identification card issued to me by the Town of Ocean Ridge Police Department. I authorize the Town of Ocean Ridge and it's agents to verify all information supplied by me. I also authorize any former employer, licensing agency, professional organization, armed forces unit. Or other police of governmental body to furnish the Town of Ocean Ridge with all information in it's possession regarding my background. I hereby **wave my rights** under all State and Federal Privacy Acts regarding the above information.

4. Further, Affiant sayeth naught.

SWORN TO AND SUBSCRIBED

Before me this \_\_\_\_\_

Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Affiant/Applicant Signature

My Commission Expires: \_\_\_\_\_