



# Anne Arundel County Police Department

Attn: False Alarm Reduction Administrator

8495 Veterans Highway

Millersville, Maryland 21108-1485

Phone: (410) 222-0045

Fax: (410) 222-0052

Colonel James Teare, Sr.  
Chief of Police

## APPLICATION FOR ALARM COMPANY REGISTRATION

INSTRUCTIONS: Print legibly or type. Complete all items.

### Business/Corporation Information

Business Name			Phone 1
Address		Suite /Apt#	Phone 2
City	State	Zip	email (optional)
Security Systems Services License Number (Business, Occupations and Professions Article, Title 18, Maryland State Code)			

### Name/Address of Owner or Responsible Party

Last Name	First Name	Initial	Title/Position	Home Phone
Address			Suite /Apt#	Work Phone
City	State	Zip	Cell /email address (optional)	

Last Name	First Name	Initial	Title/Position	Home Phone
Address			Suite /Apt#	Work Phone
City	State	Zip	Cell /email address (optional)	

Last Name	First Name	Initial	Title/Position	Home Phone
Address			Suite /Apt#	Work Phone
City	State	Zip	Cell /email address (optional)	

### Alarm Subscribers/Customers

Number of active alarm customers:	Residential	Non-residential
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I have read the completed application and know the above listed information is correct to the best of my knowledge. I certify that I have standing and authority to complete this application on behalf of the business. I understand that I must notify the Alarm Administrator in writing within ten (10) business days of a change in any information contained in this application. I understand this registration is valid for a two-year period and is not transferrable. NOTE: All outstanding civil fines and civil penalties owed under the Anne Arundel County's False Alarm Reduction ordinance must be satisfied before a registration is issued or renewed. I acknowledge that we are responsible for providing each alarm user using our services with all information and forms required under the False Alarm Reduction Ordinance. The registration form is available online at [www.aacounty.org/Police/Forms.cfm](http://www.aacounty.org/Police/Forms.cfm).

Signature \_\_\_\_\_

Date \_\_\_\_\_