



New Jersey Office of the Attorney General

Division of Consumer Affairs
Fire Alarm, Burglar Alarm and
Locksmith Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45042
Newark, New Jersey 07101
(973) 504-6245



Alarm License Certification of Practical Experience

An applicant who is an employee of an alarm business must submit one (1) form for each employer who can certify the applicant's practical experience. An applicant who is an owner of an alarm business must submit two (2) forms from other business owners engaged in the alarm industry who can certify the applicant's practical experience. You may make copies of the form as needed.

A separate form must be completed for each reference you are submitting with your application for a license.

Indicate the category of license for which you are applying: Burglar Alarm License Fire Alarm License

Please print clearly.

Applicant

Name _____

Street address

City

State

ZIP code

Telephone number (include area code) _____

Reference

Name _____

Company name _____

Street address

City

State

ZIP code

Telephone number (include area code) _____

The applicant noted above has made application for a license issued by the Fire Alarm, Burglar Alarm & Locksmith Advisory Committee and has asked you to certify his/her practical experience.

1. How long have you known the applicant? _____ years
2. The applicant has owned an alarm business for _____ years; *or*
The applicant has been employed in the alarm business for _____ years.

This Affidavit must be executed before a Notary Public.

I, _____, swear or affirm that all of the information I have provided herein with regard to the applicant is true to the best of my knowledge and belief.

Signature of reference

Sworn and subscribed to before me this _____

day of _____, _____

Month

Year

Name of Notary Public (please print)

Signature of Notary Public



Affix seal here