Dean Logan
Chief

Telephone: 215-348-4201
Fax: 215-230-0104

DOYLESTOWN TOWNSHIP POLICE DEPARTMENT

425 WELLS ROAD, DOYLESTOWN, PA 18901

APPLICATION FOR ALARM SUPPLIERS LICENSE

Instructions: Please fully complete all sections of this application and return it with the $35.00 annual processing fee made payable to "Doylestown Township Police Department" along with an **up-to-date copy of your Certificate of Liability Insurance.**

If you have any questions please contact, Alarm Ordinance Coordinator, Janet Casey at 215.348.4201 or by email at jcasey@doylestownpa.org.

All information furnished pursuant to this application shall be kept confidential and shall be for the authorized use of this Police Department only.

1. Have you received and read a copy of Chapter 54, Doylestown Township Alarm Systems Ordinance, providing the regulations, licensing, and management of alarms within the township and providing penalties for violations of this ordinance. Yes_____ No _____

If one was not provided, the ordinance can be found on our website www.doylestownpa.org/police

2. Supplier Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

3. List names of all owners, corporate officers, and or other person(s) authorized to act on behalf of the Alarm Supplier: _____
_____
_____
_____
_____

4. Insurance Information: (company providing General Liability Insurance Coverage)

Name: _____
Address: _____
City, State, Zip: _____
Policy Number: _____

5. ***Be sure to attach approved certification of General Liability Insurance Coverage in amount specified by ordinance***.

6. Alarm Installer Information: (***Please put information on additional sheet)***

Name of Employee's at Business Installing Alarms: _____
Date of Birth or Social Security Number: _____

Phone Numbers: _____
Date of Installation: _____

7. Establishment of working knowledge of alarm systems:

Number of years in business: _____
Number of alarms installed in last (3) years: _____
Types of alarms installed: _____
_____
_____

8. Provide no less than (3) references attesting to your ability to provide satisfactory alarm service. (For New Suppliers)

#1
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

#2
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

#3
Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

In signing below, the applicant acknowledges that they are authorized to act on behalf of the listed Alarm Supplier and that the Alarm Supplier understands the Rules and Regulations concerning the issuance of an Alarm Supplier's License and agrees to abide by such Rules and Regulations.

_____

Applicant's Signature **Title** **Date**