



Billy Bolin
Chief of Police

Evansville Police Department

15 N.W. Martin Luther King, Jr. Blvd.
Evansville, Indiana 47708

TX 812-436-7896 • TDD 812-436-7975 • FAX 812-435-6175 • E-MAIL info@evansvillepolice.com

APPLICATIONS MUST BE FILLED OUT COMPLETELY – PRINT OR TYPE

There are 4 applications enclosed in this packet:

1. Application for Alarm Business (blue). (Alarm Business)

**There is a \$120.00 Renewal Permit Fee Paid to E.P.D. CHECK or
MONEY ORDER ONLY.**

2. Application for Alarm Business Agent (green). (Alarm Installers or
Technicians)

**There is a \$35.00 Permit/Badge Fee PAID TO E.P.D. CHECK OR
MONEY ORDER ONLY and a \$20.00 Background Check Fee PAID to
VERISCREEN DEBIT, CREDIT CARD, CHECK OR MONEY
ORDER.**

3. Employment Inquiry Release for Agents. (for background check)
4. Application for Alarm Subscriber/Proprietor (your customers)

***** Your alarm business is responsible for seeing that all of your alarm
agents and subscribers/ proprietors receive the appropriate applications and
a copy of Alarm Ordinance 8.15. All application forms and Alarm
Ordinance 8.15 may be copied as needed. *****

Sincerely,

Susan Lieberknecht

Susan Lieberknecht
Special Operations Unit
Evansville Police Department
slieberknecht@evansvillepolice.com
Phone (812)436-7936
Fax (812)436-5775



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OFFICE USE ONLY

PERMIT #

RENEWAL DATE

REGULATORY LICENSE APPLICATION FOR ALARM BUSINESS

1. Type (circle one): NEW RELOCATION RENEWAL OWNERSHIP CHANGE
2. For (circle one): PARTNERSHIP CORPORATION OTHER (specify) _____
3. Business Name: _____
4. Business Location: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
5. Manager Name: _____
6. Business Contact Number(s): _____ Fax: _____
7. Owner(s) Name (if Corporation): _____
8. Owner Contact Number(s): _____
9. Mailing Address (if different): _____
10. _____

****ATTACH ALARM AGENT APPLICATION FOR EACH AGENT YOU EMPLOY****

THIS IS AN APPLICATION, NOT A LICENSE OR PERMIT. A VALID PERMIT WILL BE SENT TO YOU AFTER PROCESSING THIS APPLICATION.

The annual renewal due by January 1st of the next year will be \$120.00 total.

Make your check payable to "The Evansville Police Department" and send it along with your completed application to the below address:

SEND TO: Alarm Coordinator
Evansville Police Department
15 NW Martin Luther King Jr. Blvd.
Evansville, IN 47708



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REGULATORY LICENSE APPLICATION FOR ALARM BUSINESS AGENT

Name: _____
Last First Middle

Any Other Names Used (e.g. Maiden): _____

Applicants Address: _____

City: _____ State: _____ Zip Code: _____

Previous Addresses (City and State) use back of page if needed _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Employer's Name (Alarm Business Name): _____

Have You Ever Been Convicted of a Felony (circle one)? YES NO

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS PERMIT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MY MISREPRESENTATION(S) OR FALSIFICATION(S) OF THE INFORMATION PROVIDED WILL DISQUALIFY ME FROM FURTHER CONSIDERATION.

Applicant's Signature _____

Date _____

THIS IS AN APPLICATION, NOT A LICENSE OR PERMIT. A VALID PERMIT WILL BE SENT TO YOU AFTER PROCESSING THIS APPLICATION.

There is a Background Check Fee of \$20.00 that is to be payable to Veriscreen.

There is a Application Fee of \$35.00 for your Alarm Agent Permit. Make that check payable to "The Evansville Police Department" and send it along with your completed application to:

Evansville Police Department
Attn: Alarm Coordinator
15 NW Martin Luther King JR BL
Evansville IN 47708



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AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit VeriScreen, Inc. aka VeriRent to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 3 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I am entitled to know if employment or promotion is denied because of information obtained by my prospective employer from a Consumer Reporting Agency.

I agree that a copy of this authorization has the same effect as an original and if my application is accepted I understand that VeriScreen will be allowed to perform a background check on a yearly/quarterly or during the process of determining a promotion, re-certification, continued qualification or as the result of reasonable suspicion. I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I authorize VeriScreen, Inc. aka VeriRent to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment. **NOTE:** Except for those states where an annual release is required, i.e. California (CALIFORNIA – Continuing consent concept is inapplicable and a separate authorization must be requested each time a report is ordered. - CA Civ. Code 1786.22)

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California applicants or employees only: By signing below you also acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. Please check this box and return this page if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California Law.

Minnesota and Oklahoma applicants or employees only: Please check this box and return this page if you would like to receive a copy of a consumer report if one is obtained by the Company.

Full Name: _____

(Please print clearly)

Signature

Date

Address: _____ City: _____ State: _____ Zip: _____

International Address: If Applicable _____

DOB: _____ SS# _____ Driver's License Number: _____

Email: _____

Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes

Credit Card Authorization

My signature below authorizes VeriRent, Inc., DBA VeriScreen, to charge the credit card listed below for any orders submitted by me for my individual background screening. The Nationwide Criminal Background Screening product is priced at \$20 per search. Any additional search information requested may require additional fee.

Card Type (check one): Master Card ☐ Visa ☐ Discover ☐ American Express ☐

Card Number (please write
clearly)

Expiration
Date

Name on Card

Credit Card Billing Address (include city, state, zip)

Authorized
Signature

Date



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PERMIT#	DATE ISSUED	AMOUNT PAID
NEW	RENEWAL	CHANGE

ALARM SUBSCRIBER/PROPRIETOR PERMIT APPLICATION

- Alarm Subscriber or Business Name: _____
- Phone Number at Alarmed Location: _____ Fax: _____ Attn: _____
- Address of Alarmed Location: _____
City: _____ State: _____ Zip Code: _____
- Alarmed Location (circle one): **BUSINESS** **RESIDENCE**
- Name of Licensed Alarm Monitoring Company: _____
- Business or Residence Owners Name: _____
Telephone Number, Work: _____ Home: _____ Cell: _____
- Is the **Resident not Businesses** Alarm Subscriber Over 65 Years of Age (Exempt from fee)? YES NO
If So, Date of Birth: ____/____/____
- Is the **Resident** Alarm Subscriber Disabled (Exempt from fee)? YES NO
If Yes, Attach Doctor's Statement
- Who Owns the Alarm Equipment (circle one): **ALARM COMPANY** **SUBSCRIBER** **OTHER**
- Dogs, Hazards, Special Comments Regarding the Premises: _____
- Normal Business Hours (if applicable): **OPEN:** _____ **CLOSE:** _____
- Do You Have a Security Guard Checking the Premises:? YES NO
Name of Company: _____ **24 hr. Telephone Number:** _____
Days and Hours Checked: _____ **Do They have a Key?** YES NO
- Type of Alarm System (circle all that apply): **BURGLAR** Audible **OR** Silent
HOLD UP Audible **OR** Silent
PANIC Audible **OR** Silent
- Date of Alarm Installation: ____/____/____ Date of Last Inspection: ____/____/____

← ← INFORMATION ON FRONT AND BACK → →

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15. Do You Have More Than One Alarm Business System at This Address? **YES** **NO**
If Yes, Please Request Separate Applications and Briefly Describe What Area It Covers (such as office, warehouse, guest house, etc.)

DEFINITIONS & OTHER INFORMATION

- **ALARM OR ALARM SYSTEM** - any electric instrument(s) or other device(s) which as one of its purposes is used to protect buildings, premises or persons from criminal acts or unauthorized entries by warning persons of a crime or unauthorized entry through the emission or transmission of a sound or signal
- **ROBBERY, HOLDUP OR PANIC ALARM** - a device designed for the detection of a robbery, holdup or the commission of an unlawful act within the premises protected by the alarm system and which may be intentionally activated by a person. The device generates an inaudible signal to the monitoring station and may or may not generate an audible sound at the premises.
- **FALSE ALARMS** - any activation of an alarm not caused by or as a result of a criminal act or unauthorized entry, except for activation for testing purposes when the Police Department has been given advance notice of such testing, or activation caused by the Police Department
- If an Alarm Subscriber has multiple alarm systems at one location under different business names or a different address an Alarm Subscriber Permit for each system will be required. For each system there will be a Twenty Dollar (\$20.00) application fee.
- When an alarm system generates two (2) false alarms within a calendar year, the Police Department shall send a warning notice to both the alarm subscriber and the alarm business or the proprietor alarm owner. Subsequent false alarms within said period will subject the notified parties to the sanctions as provided herein.
- Any alarm system which has three (3) or more false alarms within a calendar year shall be subject to a fine as explained below:
 - The fine imposed shall be in an amount of Fifty-five Dollars (\$55.00) per false alarm upon the third (3rd) to the ninth (9th) alarms. One Hundred Dollars (\$100.00) per alarm upon the tenth (10th) to the fourteenth (14th) alarms and Two Hundred Dollars (\$200.00) per alarm upon the fifteenth (15th) and each subsequent false alarm. The alarm subscriber will be responsible for the payment of any fines imposed upon their alarm system. The owner of a proprietor alarm shall be responsible for the payment of any assessment solely imposed upon a proprietor alarm system.
- The Police Department shall notify both the alarm subscriber and alarm business or the proprietor alarm owner by mail of such fact and direct that a report be submitted to the Police Chief within twenty (20) days of the date of the mailing.

There is an application fee of \$20.00. The permit is valid for five years. This fee MUST be included with the application. Please make your *check or money order* payable to "Evansville Police Department" and mail with the completed application to the address at the bottom of this form. **DO NOT SEND CASH.** If any changes need to be made to your Alarm Subscriber/Proprietor Permit, they must be made in writing to this office.

DATE: _____ **APPLICANT SIGNATURE:** _____
SEND TO: Alarm Coordinator
Evansville Police Department
15 NW Martin Luther King Jr. Blvd.
Evansville, IN 47708
(812) 436-7937

This is an application, not a license or permit. A valid permit will be sent to you after processing this application.