

ANNUAL RECERTIFICATION INVOICE

INFORMATION			
Company			_
First Name			
Last Name			
Address			
			Country
Phone #:		E-mail:	
Website:			
Number of Employees:	Number of Bra	nches:	
Name of Local Police Dept.:			
Name of Local Fire Dept.:			
Name of Local Newspaper:			
PAYMENT OPTIONS			
Annual Recertificatio Total # of branch loca Total Recertification l	ations = X \$25	per branch = \$_ \$	
IQ Certified Installation	on Company =	•=	
	g Company =		
☐ MasterCard ☐ V	isa 🗌 American Express	6 🗌 Check–Paya	able to TMA (mailed to address below).
Cardholder's Nar	ne:		
Card Number:		Secur	ity codeExp:
Signature:		Date:	Zip Code for card
Please ref	turn this form with your payr ate Form and a copy of you		ertification Statement, stalling license (if applicable).
Email to: <u>iqprogram</u> or mailed to: IQ Cer	n@tma.us tification Program • 7918 Jones B	ranch Drive, Suite 510	, McLean, VA 22102
Phone: 703-660-4914			

If you have questions or concerns, please contact the IQ office at 703-660-4914 or iqprogram@tma.us. Thank you for your continued commitment to quality and false alarm reduction in electronic security.