|  |
| --- |
| Replaced Certificate Serial No. |
| Click here to enter text. |

**Participant Companies**

|  |
| --- |
| [ ] **New** |
| [ ] **Replace Existing Certificate** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Alarm Monitoring Company\*** |  | **File Number\*** |  | **Service Center No. or City/Province\*** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| **Monitoring Email Address\*** |  |  |  |  |
| Click here to enter text. |  |  |  |  |

|  |
| --- |
| **Protected Property Name\*** |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

|  |
| --- |
| **Protected Property Address\*** |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **City\*** |  | **Province\*** |  | **Postal Code\*** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |

**Period of Insurance (1 to 5 years) From\* Until\***

|  |
| --- |
| Click to enter a date. |

|  |
| --- |
| Click to enter a date. |

|  |  |  |
| --- | --- | --- |
| **File Number**  |  | **Service Center No.** |
| Click here to enter text. |  | Click here to enter text. |

 **Service/Installer Company**

 **Service Type:** Choose an item.

**Service/Installer Location Details**

|  |  |
| --- | --- |
| **Company Name\***  | Click here to enter text. |
|  |  |
| **Address\*** | Click here to enter text. |
| **City\*** |  | **Province\*** |  | **Postal Code\*** |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| **Installer Email Address\*** |  |  |  |  |
| Click here to enter text. |  |  |  |  |

**Basic Alarm Information**

|  |  |  |
| --- | --- | --- |
| **System Type\*** | **Standard\*** | **Edition Year** |
| Fire Protective Signaling | CAN/ULC-S561 | Choose an item. |
| **Please Declare your Authority Having Jurisdiction** |  |
| Click here to enter text. |
| **Please List any Responding Fire Department** |
| Click here to enter text. |

|  |
| --- |
| **General Comments and Clarifications** |
| Click here to enter text. |

**Detection and Annunciation**

|  |
| --- |
| **Local F/A Interconnection** |
| Choose an item. |

|  |
| --- |
| **Transmission Method** |
| Choose an item. |

|  |
| --- |
| **Line Security** |
| Choose an item. |

|  |  |  |
| --- | --- | --- |
| **System Type\*** | Choose an item. |  |
| [ ] How Many Waterflow Switches? | QuantityEnter QTY | [ ] How Many Gate Valve Switches? | QuantityEnter QTY |
| [ ] Water Level Sensors | QuantityEnter QTY | [ ] Water Temperature Sensors | QuantityEnter QTY |
| [ ] Water Pressure Sensors | QuantityEnter QTY | [ ] Room Temperature Sensors | QuantityEnter QTY |
| [ ] Air Pressure Sensors | QuantityEnter QTY | [ ] Fire Pump Power Sensors | QuantityEnter QTY |
| [ ] Pump Running Sensors | QuantityEnter QTY | [ ] Other Monitored Supression Systems (i.e Risers, Hood Supression system) | QuantityEnter QTY |
|  |  |

**Additional Information**

|  |  |
| --- | --- |
| Control Unit Mfr and Model Number\*  | Subscriber/Account Number\* |
| Click here to enter text. | Click here to enter text. |
| **Please describe any services not in accordance with Code Standards\*. Enter ‘None’ if there are no System Deviations** |
| Click here to enter text. |