|  |
| --- |
| 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? | | Quantity  Enter QTY | | How Many Gate Valve Switches? | Quantity  Enter QTY |
| Water Level Sensors | | Quantity  Enter QTY | | Water Temperature Sensors | Quantity  Enter QTY |
| Water Pressure Sensors | | Quantity  Enter QTY | | Room Temperature Sensors | Quantity  Enter QTY |
| Air Pressure Sensors | | Quantity  Enter QTY | | Fire Pump Power Sensors | Quantity  Enter QTY |
| Pump Running Sensors | | Quantity  Enter QTY | | Other Monitored Supression Systems  (i.e Risers, Hood Supression system) | Quantity  Enter 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. | |