



## FIRE ALARM MONITORING SERVICES

**[8.3] FORM C1 (v1.4)**

### APPLICATION TO DFES FOR CONNECTION OF PREMISES AS A DIRECT BRIGADE ALARM

THIS FORM HEREBY ADVISES DFES THAT A FIRE DETECTION/SUPPRESSION SYSTEM IS BEING INSTALLED IN THE PREMISES LISTED BELOW AND REQUESTS APPLICATION FOR CONNECTION TO DFES AS A DIRECT BRIGADE ALARM (DBA). ALL FIELDS ON THIS FORM ARE COMPULSORY. OMISSIONS WILL RESULT IN PROCESSING DELAYS.

#### 1. DETAILS OF PREMISES

NAME OF BUILDING:			
STREET/LOT NUMBER:			
STREET NAME:			
SUBURB:		POST CODE:	
NEAREST CROSS STREET:		LOCAL COUNCIL:	
BUILDING CLASSIFICATION: <small>(AS PER BUILDING LICENSE)</small>			
BUILDING USAGE:			
NUMBER OF FLOORS: <small>(INC. GROUND FLOOR/ EXCL. BASEMENT)</small>			

#### 2. APPLICANT/BLDG OWNER DETAILS

**(COMPANY NAME WILL BE USED AS NAMED ENTITY IN END USER AGREEMENT CONTRACT & FOR ALL FUTURE BILLING)**

COMPANY/BUSINESS NAME:			
CONTACT'S NAME:		PHONE:	
CONTACT'S EMAIL:			
ABN: <small>(MUST MATCH COMPANY NAME LISTED)</small>		ACN (IF APPLICABLE):	
MAILING/BILLING ADDRESS:			
SUBURB:		POST CODE:	
BILLING CONTACT NAME:		PHONE:	

#### 3. CONNECTION PAYMENT ARRANGEMENT/ DETAILS

INITIAL CONNECTION FEE:	<input type="checkbox"/> CLIENT	<input type="checkbox"/> AGENT
PRO RATA MONITORING:	<input type="checkbox"/> CLIENT	<input type="checkbox"/> AGENT

**NOTE 1: WHERE THE CLIENT IS RESPONSIBLE FOR CONNECTION FEES – PREPAYMENT WILL BE REQUIRED BEFORE DBA CONNECTION**

**NOTE 2: THE BELOW SIGNATORY ACCEPTS ALL COSTS ASSOCIATED WITH THE CANCELLATION OF THIS DBA APPLICATION IF CANCELLED PRIOR TO COMPLETION**

**NOTE 3: MONITORING FEE IS CHARGED PRO RATA FROM CONNECTION DATE TILL THE END OF THE CURRENT FINANCIAL YEAR**

#### 4. FIRE ALARM AGENT DETAILS

COMPANY/BUSINESS NAME:			
MAILING ADDRESS:			
SUBURB:		POST CODE:	
COMPANY PHONE:		FAX:	
FIRE AGENT CONTACT NAME:		AGENT'S REF:	
COMPANY CONTACT EMAIL:			

#### 5. APPLICANT'S DECLARATION (PLEASE PRINT CLEARLY AND USE BLOCK LETTERS)

*THIS SECTION TO BE SIGNED BY A REPRESENTATIVE FROM EACH PARTY NOMINATED IN SECTION 3 – CONNECTION PAYMENT ARRANGEMENT/ DETAILS*

SIGNATURE OF AUTHORISED APPLICANT:	
NAME OF AUTHORISED APPLICANT:	
TITLE OF AUTHORISED APPLICANT:	
COMPANY OF AUTHORISED APPLICANT:	
DATE:	