



## FIRE ALARM MONITORING SERVICES

[8.3] FORM C1 (v1.6)

### 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:			
BUILDING ADDRESS:			
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 <small>(IF APPLICABLE):</small>	
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 SIGNATORY ACCEPTS ALL COSTS ASSOCIATED WITH THE CANCELLATION OF THIS DBA APPLICATION IF CANCELLED PRIOR TO COMPLETION.**

**NOTE 3: THE SIGNATORY ACKNOWLEDGES WHERE THE DBA MONITORING IS COMPROMISED DUE TO LOW SIGNAL STRENGTH, DFES/FAMS WILL ISSUE A QUOTATION TO THE SIGNATORY ACTING ON BEHALF OF THE CLIENT OR TO THE CLIENT TO INSTALL ANY AND ALL SUCH EQUIPMENT AS REQUIRED TO RESOLVE ISSUES WITH LOW SIGNAL STRENGTH. THE CLIENT IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH THE INSTALLATION OF EQUIPMENT REQUIRED TO RESOLVE ISSUES WITH LOW SIGNAL STRENGTH. UPON AUTHORITY DFES/FAMS WILL COMPLETE THE REQUIRED WORK.**

**THE CLIENT MAY CHOOSE TO ENGAGE THEIR OWN CONTRACTOR TO COMPLETE THE WORK REQUIRED TO RESOLVE ISSUES WITH LOW SIGNAL STRENGTH. ASSISTANCE FROM FAMS MAY BE REQUIRED TO FINALISE THE CONNECTION AT THE ALARM SIGNALLING EQUIPMENT (ASE) AT THE STANDARD RATE AS PER SCHEDULE 2.**

**DFES/FAMS ACCEPTS NO RESPONSIBILITY FOR ANY DELAYS WITH DBA CONNECTIONS COMPROMISED BY LOW SIGNAL STRENGTH.**

**NOTE 4: MONITORING FEE IS CHARGED PRO RATA FROM CONNECTION DATE UNTIL THE END OF THE CURRENT FINANCIAL YEAR.**

**4. FIRE ALARM AGENT DETAILS**

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

**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*

	CLIENT USE ONLY	FIRE AGENT USE ONLY
SIGNATURE OF AUTHORISED APPLICANT:		
NAME OF AUTHORISED APPLICANT:		
TITLE OF AUTHORISED APPLICANT:		
COMPANY OF AUTHORISED APPLICANT:		
DATE:		