



FIRE ALARM MONITORING SERVICES

[8.5] DFES PSTN AUTHORISATION ORDER FORM

THIS FORM ALLOWS FOR THE INSTALLATION OF THE TELSTRA PSTN LINE REQUIRED BY DFES FOR THE DBA CONNECTION

OVERVIEW:

THIS FORM SHOULD BE SUBMITTED NO EARLIER THAN 40 DAYS PRIOR TO THE EXPECTED, PRACTICAL COMPLETION DATE OF THE BUILDING. TELSTRA CONNECTION COSTS AND MONTHLY LINE RENTAL ARE COVERED BY DFES. THESE COSTS WILL BE RECOVERED BY DFES THROUGH THE DBA CONNECTION FEES AND THE ANNUAL MONITORING FEE.

IT IS THE BUILDING **OWNER/ CLIENTS'** RESPONSIBILITY TO COMPLETE THIS FORM. DFES WILL NOT ACCEPT THE FORM IF COMPLETED BY THE CONTRACTED FIRE AGENT. DFES WILL ACCEPT FOR THE CLIENT TO DIRECT THE ARCHITECT/ CONSULTANT OR BUILDER TO SIGN ON THEIR BEHALF. WRITTEN EVIDENCE OF THIS DIRECTIVE MUST BE SUBMITTED WITH THIS FORM.

ORDERING & FEES:

- WHERE THE FIRE AGENT IS NOMINATED TO PAY DBA CONNECTION FEES:
 - THE DFES PSTN LINE WILL BE ORDERED IMMEDIATELY UPON RECEIPT OF THIS FORM (CORRECTLY COMPLETED AND SIGNED).
- WHERE THE CLIENT IS NOMINATED TO PAY DBA CONNECTION FEES:
 - THE DFES PSTN LINE WILL ONLY BE ORDERED UPON RECEIPT OF PREPAYMENT FOR THE NEW DBA CONNECTION AND UPON RECEIPT OF THIS FORM (CORRECTLY COMPLETED AND SIGNED).

LINE RENTAL WILL BEGIN ACCRUING IMMEDIATELY FROM PSTN LINE CONNECTION COMPLETION AND RENTAL ARREARS WILL BE PASSED ONTO THE CLIENT/ AGENT NOMINATED TO PAY THE DBA CONNECTION FEE.

IDF INFRASTRUCTURE:

IF THE SITE HAS IDF INFRASTRUCTURE, THEN IT IS THE CLIENT/ FIRE AGENT'S RESPONSIBILITY TO HAVE ANY INSTALLED DFES LINES JUMPERED FROM THE MDF TO THE RELEVANT IDF LOCATION PRIOR TO DBA CONNECTION.

ANY OMISSIONS/ ERRORS MAY RESULT IN PSTN INSTALLATION AND/OR DBA CONNECTION DELAYS.

1. PENDING DBA & OWNER/ CUSTOMER DETAILS <i>ALL FIELDS REQUIRED</i>			
APP NUMBER / REFERENCE:			
BUILDING NAME:			
BUILDING OWNER'S COMPANY NAME:			
BUILDING OWNER – CONTACT NAME:			
BUILDING OWNER CONTACT'S PHONE:			
BUILDING OWNER CONTACT'S EMAIL:			
2. SITE INFORMATION <i>ALL FIELDS REQUIRED</i>			
BUILDING/ STREET NUMBER:			
LOT/DP PLAN NUMBER:			
STREET NAME:			
SUBURB:		POSTCODE:	
SITE CONTACT NAME:			
SITE CONTACT PHONE:			
MDF LOCATION:			
3. CUSTOMER'S AUTHORISATION SIGNATURE <i>ALL FIELDS REQUIRED</i>			
SIGNATURE:			
NAME:			
POSITION/ TITLE:			
COMPANY:			
DATE:			