This form 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.

Date Form Completed			
1. Details of Premises			
Name of Building			
Street/Lot Number			
Street Name			
Suburb		Post Code	
Nearest Cross Street		Local Council	
Building Usage			
Building Classification – As per Building License			
Number of Floors – Inc. Ground Floor / Excl. Basement			
2. Applicant / Building Owner Details			
Company / EUA Entity			
ABN / ACN for Company			
Entity Contact Name			
Entity Phone		Mobile	
Entity Email			
Mailing / Billing Address			
Suburb		Post Code	
Billing Contact Name			
Billing Phone		Mobile	
Billing Email			
3. Connection Payment Arrangement / Details			
Initial Connection Fee	☐ Client	☐ Agent	
Pro-Rata Monitoring Fee	☐ Client	☐ Agent	

Note 1: Where the client is responsible for the 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. 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 Fees are charged pro-rata from the connection date until the end of the current financial year.

For assistance with completing this form please contact Fire Alarm Monitoring Services on **1300 793 722**. Completed forms can be emailed to au_wacsc@chubbfs.com

4. Fire Alarm Agent Details

Company / Business Name			
Mailing / Billing Address			
Suburb		Post Code	
Fire Agent Contact Name		Agent's Ref	
Fire Agent Contact Phone		Mobile	
Company Contact Email			

5. Applicant's Declaration *(Please Print Clearly and use block letters)*

This section is to be completed 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 Signed		

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