

FOR A SAFER STATE

## FIRE ALARM MONITORING SERVICES C10 Form Application for iButtons to Operate Code Red ASE Units

This form is to request Fire Alarm Monitoring Services [FAMS] to provide Black iButton for Technicians / Fire Service Agents to operate the Code Red ASE Units. Please print clearly and use block letters.

Please be advised that DFES are moving away from issuing Site iButtons due to misuse by unauthorised users. DFES are open to providing iButtons in cases where the client can demonstrate reasonable grounds to have one. Site iButtons will be registered to a specific user.

| 1. Details of Requesti  | ng Organisatior | า |                         |                         |  |  |
|---|-----------------|---|-------------------------|-------------------------|--|--|
| Date of Request   |                 |   |                         |                         |  |  |
| Fire Agent Company  |                 |   |                         |                         |  |  |
| Requestor's Contact Na  | me              |   |                         |                         |  |  |
| Requestors Phone  |                 |   |                         |                         |  |  |
| Requestors Email  |                 |   |                         |                         |  |  |
| 2. Details for Fire Service Agent iButton (BLACK)   |                 |   |                         |                         |  |  |
| Technician Full Name  | Mobile Number   |   | Office Use Only         |                         |  |  |
|   |                 |   | (Serial Numbers)        |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
|   |                 |   |                         |                         |  |  |
| If requesting more than 10 iButtons – please attach details separately or use multiple forms.   |                 |   |                         |                         |  |  |
| 3. Collection / Delivery Options  |                 |   |                         |                         |  |  |
| Method of Collection /  | □ 3.1 Pick Up   |   | 3.2 Courier to Premises | □ 3.3 Registered Post   |  |  |
| Delivery [Select 1]   |                 |   |                         |                         |  |  |
| 3.1. Pick Up  |                 |   |                         |                         |  |  |
| iButtons must be collected in person from Fire Alarm Monitoring Services – 120 Cutler Road,   |                 |   |                         |                         |  |  |
| Jandakot, WA, 6164. No Charges Apply.   |                 |   |                         |                         |  |  |
| 3.2. Courier to Premises<br>Requestor must arrange their own courier service to collect the iButtons. The courier charges   |                 |   |                         |                         |  |  |
|   |                 |   |                         | ns. The courier charges |  |  |
| will be at the expense of the Requestor / Recipient of the iButtons.  |                 |   |                         |                         |  |  |
| 3.3. Registered Post  |                 |   |                         |                         |  |  |
| FAMS will send the iButtons via Registered Post to the Requestors elected delivery address.   |                 |   |                         |                         |  |  |
| Postage Charges Payable - \$15.00 excl GST – Charged to Billing Account.<br>If you have selected either 3.2 or 3.3 – complete section 5.Delivery Address on the next page |                 |   |                         |                         |  |  |
| 4. Delivery Address (   |                 |   |                         | duress on the next page |  |  |
| 4. Delivery Address (7  |                 |   |                         |                         |  |  |
| Billing Address   |                 |   |                         |                         |  |  |
| Suburb  | Post Code       |   |                         |                         |  |  |
| Billing Contact Name  |                 |   |                         |                         |  |  |
| Billing Contact Phone   | Mobile          |   |                         |                         |  |  |
| If you have selected 3.3 Registered Post – complete Section 5 on the next page.   |                 |   |                         |                         |  |  |
| n you have selected 3.5 negistered 1 0st - complete dection 5 on the next page.   |                 |   |                         |                         |  |  |



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## 5. Charges & Payment for Delivery Option 3.3 Registered Post

FAMS will charge a flat rate of \$15.00 excl GST for postage within Western Australia. This will be charged to the Requestors elected Billing Account # and is Due within 30 Days.

Billing Account # (*Required*)

Purchase Order # (If Required)

If you require assistance with finding your Billing Account number, please contact FAMS Accounts on 1300 793 722 OPT 2 or email au\_FAMSACCOUNTS@chubbfs.com

| 6. Collection Confirmation    |       |       |  |  |
|-------------------------------|-------|-------|--|--|
| Date Collected                |       |       |  |  |
| Collected By (Name)           |       |       |  |  |
| Collected By (Company)        |       |       |  |  |
| Collectors Signature          |       |       |  |  |
| Issued By                     |       |       |  |  |
| 7. For Office Use Only        |       |       |  |  |
| Entered into CRM              | □ Yes | Date: |  |  |
| Entered into iButton Register | □ Yes | Date: |  |  |
| CSC Operator Name             |       |       |  |  |