



FOR A SAFER STATE

FIRE ALARM MONITORING SERVICES
C2.1 Form [9.5]
Application to DFES to Update DBA Site Details

This form advises DFES that a monitored Direct Brigade Alarm (DBA) has changed ownership/billing details. This form must be returned to Fire Alarm Monitoring Services within ten (10) days from receipt. Please return this form within the required time frame to ensure the monitored site is not placed offline. Please print clearly and use block letters.

Form with sections: 1. Current Details of Premises (Mandatory Section), 2. Former Details of Premises (If different to current details & notifying of Site Name Change), 3. For Changes in Company / EUA Entity (If Applicable), 4. For Changes in Billing Details (If Applicable). Includes fields for DBA Number, Name of Building, Street/Lot Number, Street Name, Suburb, Post Code, Former Building Name, New Company / EUA Entity, ABN / ACN for Company, New Entity Contact Name, New Entity Phone, New Entity Email, New Entity Address, Date of Entity Transfer, Invoice Reference / PO#, and Billing details.

Please Note: Annual Monitoring Fees will be calculated and transferred Pro-rata to the new owner effective from the date this form is received and completed correctly unless evidence can be provided for another date or the DFES Annual Monitoring Fees were included in the settlement.



FOR A SAFER STATE

FIRE ALARM MONITORING SERVICES
C2.1 Form [9.5]
Application to DFES to Update DBA Site Details

5. Business Hours Nominated Contact (Required)

Name			
Position			
Phone		Mobile	
Email			

6. After Hours Nominated Contact 1 (Required)

Name			
Position			
Phone		Mobile	
Email			

7. After Hours Nominated Contact 2 (Required)

Name			
Position			
Phone		Mobile	
Email			

8. After Hours Nominated Contact 3 (Optional)

Name			
Position			
Phone		Mobile	
Email			

I wish to be nominated for Primary Fire Alarm Activations – If left unchecked, contacts will only be notified for Faults and Secondary Signals.

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

Signature of Authorised Applicant	
Name of Authorised Applicant	
Position of Authorised Applicant	
Company / Business Name	
Applicants Email	
Applicants Phone	
Date	