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|  | FIRE-LINK  FIRE CONTRACTORS’ REGISTRATION FORM |

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| ***FIRE CONTRACTOR INFORMATION*** | | | |
| ***Company Name*** |  | | |
| ***Contact Name*** |  | ***Phone Number*** |  |
| ***Email address*** |  | ***Mobile Number*** |  |
| ***Physical Address*** |  | | |
| ***Suburb*** |  | | |
| ***Town/City*** |  | | |
| ***Postal Address***  *Leave blank if the same as physical address* |  | | |
| ***Suburb*** |  | | |
| ***Town/City*** |  | | |
| ***Number of PFAs*** |  | ***Number of PFAs installed per year on average*** |  |
|  | | | |
| ***Nationwide?*** | ***Yes***  ***No*** | ***Entire North Island*** | ***Yes***  ***No*** |
| ***If not, Specify region*** |  | ***Entire South Island*** | ***Yes***  ***No*** |

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| ***BRANCH AREA 1*** | | | | | | |
| ***Branch Area Name*** | |  | | | | |
| ***Contact Name*** | |  | | ***Phone Number*** |  | |
| ***Email address*** | |  | | ***Mobile Number*** |  | |
| ***Physical Address*** | |  | | | | |
| ***Suburb*** | |  | | | | |
| ***Town/City*** | |  | | | | |
| ***Postal Address***  *Leave blank if the same as physical address* | |  | | | | |
| ***Suburb*** | |  | | | | |
| ***Town/City*** | |  | | | | |
|  | ***Technicians Name*** | | ***Mobile Number*** | | | ***Pager Number*** |
| ***Sprinklers*** |  | |  | | |  |
| ***Testing*** |  | |  | | |  |
| ***Alarms*** |  | |  | | |  |

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| ***BRANCH AREA 2*** | | | | | | |
| ***Branch Area Name*** | |  | | | | |
| ***Contact Name*** | |  | | ***Phone Number*** |  | |
| ***Email address*** | |  | | ***Mobile Number*** |  | |
| ***Physical Address*** | |  | | | | |
| ***Suburb*** | |  | | | | |
| ***Town/City*** | |  | | | | |
| ***Postal Address***  *Leave blank if the same as physical address* | |  | | | | |
| ***Suburb*** | |  | | | | |
| ***Town/City*** | |  | | | | |
|  | ***Technicians Name*** | | ***Mobile Number*** | | | ***Pager Number*** |
| ***Sprinklers*** |  | |  | | |  |
| ***Testing*** |  | |  | | |  |
| ***Alarms*** |  | |  | | |  |

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| ***Outline Normal Working Hours*** | ***AM to PM*** | |
| ***Is Training Required for the Communicator?*** | ***Yes***  ***No*** | |
| ***Are you an Independent Fire Alarm Compnay?*** | ***Yes***  ***No*** | |
| ***Once from is complete please send to:*** [***fire-link@alarmnz.com***](mailto:fire-link@alarmnz.com)  *ALARM NETWORKS Monitoring Ph: 093030303 | Service Ph: 09 303 3033*  *Any queries, please contact: helpdesk@alarmnz.com* | |