# 

FIRE CONTRACTORS’ REGISTRATION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***FIRE CONTRACTOR INFORMATION*** | | | | | | |
| Company Name |  | | | | | |
| Contact Name |  | | | | | |
| Mobile |  | | | Work |  | |
| Email Address |  | | | | | |
| Address |  | | | | | |
|  | | | | | |
| Postcode |  | | | | |
| 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* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***BRANCH AREA 1*** | | | | | | | |
| Branch Area Name | |  | | | | | |
| Contact Name | |  | | | | | |
| Mobile | |  | | | Work |  | |
| Email Address | |  | | | | | |
| Address | |  | | | | | |
|  | | | | | |
| Postcode |  | | | | |
|  | Technician Name | | | Mobile Number | | | Pager Number |
| Sprinklers |  | | |  | | |  |
| Testing |  | | |  | | |  |
| Alarms |  | | |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***BRANCH AREA 2*** | | | | | | | | | | | | |
| Branch Area Name | |  | | | | | | | | | | |
| Contact Name | |  | | | | | | | | | | |
| Mobile | |  | | | | | | Work | | |  | |
| Email Address | |  | | | | | | | | | | |
| Address | |  | | | | | | | | | | |
|  | | | | | | | | | | |
| Postcode |  | | | | | | | | | |
|  | Technician Name | | | | Mobile Number | | | | | | | Pager Number |
| Sprinklers |  | | | |  | | | | | | |  |
| Testing |  | | | |  | | | | | | |  |
| Alarms |  | | | |  | | | | | | |  |
| Outline Usual Working Hours | | | |  | | AM to |  | | PM |  | | |
| Is training required for the communicator? | | | | *Yes  No* | | | | | | | | |
| Are you an independent Fire Alarm Company? | | | | *Yes  No* | | | | | | | | |