#

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* |