



Fire Contractor's Registration Form

Company Name

Contact Name

Phone Number () Fax Number ()

Mobile () Email

Physical Address Postal Address

Street, Suburb,

Town, City

Number of PFA's Number of PFA's installed per year on average?

Nationwide? Y / N Entire North Island? Y / N

Or Specify Region Entire South Island? Y / N

Branch Area 1 Contact Name

Phone Number () Fax Number ()

Mobile () Email

Physical Address Postal Address

Street, Suburb,

Town, City

Must provide as much detail as possible	Technicians name	Mobile Number	Pager Number
Sprinklers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Testing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alarms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Branch Area 2 Contact Name

Phone Number () Fax Number ()

Mobile () Email

Physical Address Postal Address

Street, Suburb,

Town, City

Must provide as much detail as possible	Technicians name	Mobile Number	Pager Number
Sprinklers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Testing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alarms	<input type="text"/>	<input type="text"/>	<input type="text"/>

Normal Working Hours? AM to PM

Is Training Required for the Communicator? Y / N

Are you an Independent Fire Alarm Company? Y / N

When completed fax to ALARM NZ 09 302-0324 or Post to PO Box 68950 Newton, AKLD
Or email Nathan@alarmnz.com or helpdesk@alarmnz.com