



FIRE DEPARTMENT CITY OF CONCORD

24 Horseshoe Pond Lane
Concord, NH 03301
www.concordnh.gov/fire

CITYWIDE LISTED AGENT PROGRAM APPLICATION

AGENT NAME: (print) _____

AGENT HOME PHONE # (REQUIRED) _____ CELL PHONE # _____

COMPANY NAME: _____

COMPANY PHONE # _____ COMPANY FAX # _____

BILLING ADDRESS: _____
(Street) (City) (State) (Zipcode)

SUPERVISOR'S NAME: (PRINT) _____ PHONE # _____

SUPERVISOR'S EMAIL: _____

Duration of Agreement: This agreement shall remain in effect for as long as the above individual is in the employ of the Company listed above, or unless individual violates the agreed provision of this agreement. **NOTE: It is the Sprinkler and/or Fire Alarm Company's responsibility to authorize their employee to enter into this agreement and it is the Company's responsibility to notify the Concord Fire Department @ 225-6520 or 225-8667 IMMEDIATELY when that employee leaves their employment.**

Disclaimer: In order to provide ready access to equipment for service, maintenance, and testing of Sprinkler and/or Fire Alarm Systems which will ultimately result in a higher state of readiness and reliability, the Concord Fire Department has authorized the above named individual, limited access, as stated in this agreement, of Fire Alarm Master Boxes connected to the Department's Fire Alarm System. The Concord Fire Department reserves the right to monitor and track assignees, limit the number of assignees, and to remove an assignee's authority for limited access conveyed by this agreement. Further, the Concord Fire Department does not by virtue of this agreement, guarantee, warranty, qualify, approve, or certify any individual, company, or the performance thereof.

In addition to the above procedures, I understand and agree that during the time period that the Box is in the "Manual" mode, it will be incapable of automatically reporting an alarm, and that I shall be responsible to notify the Fire Department of any Fire related emergency at the reported location. I further agree that if, for any reason, I am unable to restore the Box to the "Automatic" mode, I will stay at the property until the matter is resolved, or I am released by a Fire Department representative.

I have received a copy of the Rules and agree to abide by such AND that any violations of the Rules and Regulations will result in loss of Listed Agent status.

ARE YOU A LISTED AGENT IN THE CITY OF MANCHESTER, NH? YES ___ NO ___ IF SO, WHAT IS YOUR AGENT #? _____

AGENT SIGNATURE: _____ DATE: _____

EMPLOYER AUTHORIZATION: _____ / _____
(Please print Name) Signature

WHEN COMPLETE, YOU MAY FAX THIS APPLICATION TO 603-225-5833 or 603-225-8509

CFD Use Only

AGENT # _____ TRAINING DATE: _____ APPROVED BY: _____

Administration
(603) 225-8650
(603) 225-5833 Fax

Prevention
(603) 225-8651
(603) 228-2782 Fax

Fire Alarm
(603) 225-8667
(603) 225-8509 Fax

Communications
(603) 225-8669
(603) 225-8507 Fax