



NEWTON FIRE DEPARTMENT

1164 Centre Street, Newton Centre, MA 02459

APPLICATION

FIRE ALARM SERVICE COMPANY REGISTRATION

This Form must be filled out completely

OFFICE USE ONLY
Approved: _____
Date: _____
Reg.#: _____

Date: _____

Company Name: _____

Address: _____ City: _____ State: ___ Zip: _____

Mailing Address(if different): _____ City: _____ State: ___ Zip: _____

Telephone#: _____

FAX #: _____

Email Address: _____

COMPANY OFFICIALS:

TITLES:

_____	_____
_____	_____
_____	_____

UL Local, Auxiliary, Remote Station or Proprietary Alarm System Certification #: _____

Massachusetts Master Electrician License : _____ License #: _____

Massachusetts Systems Contractor License: _____ License #: _____

License Holder's Name: _____

License Holder's Address: _____

NAME OF EMPLOYEES AND REGISTRATION NUMBERS

_____ # _____	_____ # _____
_____ # _____	_____ # _____
_____ # _____	_____ # _____

Applicant's Signature

Title