



NEWTON FIRE DEPARTMENT

1164 Centre Street, Newton Centre, MA 02459

APPLICATION

INDIVIDUAL FIRE ALARM SERVICE REGISTRATION

Date: _____

SS# or Driver's Lic# _____

Name of Applicant: _____

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

Telephone: Work: _____ Home: _____ Cell: _____

Certified or Licensed with any other Fire Department: _____

IMSA Fire Alarm Certification: _____ Level: _____

Massachusetts Licensed Electrician: _____ Type & No: _____

Massachusetts Systems Contractor or Technician License No.: _____

Other Licenses or Certifications: _____

Employer: _____

Are you an officer or in management with the company you are employed with ? _____

Position or Title: _____

How many years with present company: _____

List References (Fire Department) Name, Address, Telephone, Contact Person:

List other references: Name, Address, Telephone

Applicant's Signature

OFFICE USE ONLY

Approved: _____

Date: _____

Reg.#: _____