



UL LLC
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| | |
|-----------|--|
| | |
| SN: _____ | |

National Industrial Security Alarm Description Worksheet

| | | |
|---|--------------|-----------------|
| PROTECTED PROPERTY | | |
| Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ |
| Representative Name and Title (please print): _____ | | |

| | | |
|--|------------------------------|-----------------|
| ALARM SERVICE COMPANY | | |
| File No: BP _____ | Service Center Number: _____ | |
| Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip Code: _____ |
| Representative: Name (please print) _____ | Phone Number: () _____ | |
| Title (please print) _____ | Fax Number: () _____ | |

| | | |
|--|------------------------------|-------------------|
| PERIOD OF ISSUANCE | | |
| Note: Issue date must be within the last 30 days or request can't be processed. Certificates can be issued from 1 to 5 years. | | |
| Issue Date: ___/___/___ | Expiration Date: ___/___/___ | |
| Old Serial Number (if applicable): _____ | | |
| New _____ | Renewal _____ | Replacement _____ |

APPLICABLE GOVERNMENT STANDARD

Note: Please select which government standard applies to this certificate request.

_____ NISPOM, DOD 5220.22M (Signature Required for items listed on page 5)

_____ JAFAN 6 / 9 (No Signature Required)

_____ DCID 6 / 9 (No Signature Required)

_____ AA&E Manual DOD 5100.76M (Signature Required for items listed on page 5)

AREA COVERED

Note: Identify the Building No., Room No. or Container as applicable

TYPE OF SYSTEM

| System Type: (Choose one only) | Quantity | Extent of Protection (choose one) | |
|---------------------------------------|------------------------|--|------------------|
| _____ Closed Area | Not Applicable | _____ 3 | _____ 5 |
| _____ Alarmed Room | Not Applicable | _____ 3 | _____ 5 |
| _____ AA&E Storage Area | Not Applicable | _____ 2 | _____ 3 |
| _____ Locking Bar Container | _____ | Complete | |
| _____ GSA Approved Container | _____ | Complete | |
| _____ AA&E Container | _____ | Complete | Partial |
| _____ Non-standard Container | _____ | Complete | |
| _____ Vault | _____ | Complete | |
| Alarm Sounding Device: | _____ Inside | _____ Outside | |
| | _____ Inside & Outside | _____ None | |
| Line Security Employed: | _____ None | _____ Standard | _____ Encryption |

If standard / Encryption line security is employed, the transmission method that provides it is to be designated as the primary transmission method.

Primary Transmission Method:

Multiplex Direct Wire Derived Channel
 Private Radio System (2-way) Radio Network/Transport System (2-way)
 Transmitter (McCulloh) Private Radio System (1-way)
 Radio Network/Transport System (1-way) Data Network
 Digital Alarm Communicator Cellular Digital Alarm Communicator

Secondary Transmission Method:

Direct Wire Digital Alarm Communicator Data Network
 Private Radio System (2-way) Radio Network/Transport System (1-way)
 Cellular Digital Alarm Communicator Transmitter (McCulloh)

REMOTE MONITORING

Monitored Signals:

Alarms, Troubles, Openings and Closings
 Alarms and Troubles (Applies to Law Enforcement Agency Only)

Monitoring Location: (Select one and fill in the name and address information below)

UL Listed Central Station File Number: _____ Service Center: _____
 UL Listed National Industrial File Number: _____ Service Center: _____
 Monitoring Station (CRZM)
 UL Listed Residential File Number: _____ Service Center: _____
 Monitoring Station
 Government Contractor Law Enforcement Dispatch Center

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Investigator: (Select one and fill in the name and address information below)

Private Guard Company Government Contractor Investigator

Law Enforcement Officer Government Contractor Representative (60 Minutes)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Response Time Category: (Select One)

5 Minutes (Applies only to SAP or SCI systems) 15 Minutes

20 Minutes 30 Minutes

60 Minutes (Only applies when the investigator is a Government Contractor Representative)

Law Enforcement Officer (The response time of the Law Enforcement Officer is not defined)

RECIEVER, CONTROL AND TRANSMITTER UNITS

Manufacturers Name and Model Numbers

Control Unit: Mfg: _____ Model _____

Receiver Mfg: _____ Model _____

Transmitter Mfg: _____ Model: _____

*** If no Standard Line Security is provided indicate secondary transmitter below:**

Transmitter Mfg: _____ Model: _____

COGNIZANT AGENCY OR OFFICE

Enter City & state of Cognizant Agency /Office with Jurisdiction: _____

The following items require approval by a representative of the Cognizant Security Agency /Office having jurisdiction. This form should be reviewed and each of the items listed below that apply to this alarm installation should be approved by entering the name and signature of the representative from the Cognizant Security Agency/Office on the line to the right of the item.

Type of System Extent 5 _____
Printed Name Signature of CSA or CSO

Line Security None _____
Printed Name Signature of CSA or CSO

Alarm Transmission Data Network _____
Printed Name Signature of CSA or CSO

Monitored Signals Alarm and Troubles _____
Printed Name Signature of CSA or CSO

Remote Monitoring Law Enforcement _____
Printed Name Signature of CSA or CSO

Investigator Law Enforcement _____
Printed Name Signature of CSA or CSO

Investigator Government _____
Contracted Rep. Printed Name Signature of CSA or CSO

Response Time 20 Min 30 Min _____
(Circle one) Printed Name Signature of CSA or CSO