



FIRE DEPARTMENT CITY OF CONCORD

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

LIMITED LISTED AGENT PROGRAM APPLICATION

AGENT NAME: (print) _____

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

NAME OF PROPERTY: _____

PROPERTY ADDRESS: _____

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

OWNER'S NAME: (print) _____ PHONE # _____

OWNER'S EMAIL: _____

MASTERBOX NUMBER(S) _____

LIST ALL BOXES TO BE SHORT ARMED BY YOU – USE SEPARATE FORM FOR ADDITIONAL BOX #'S AND LOCATIONS IF NECESSARY.

Duration of Agreement: This agreement shall remain in effect for as long as the above individual is in the employ of a Property Owner, or has violated the agreed to provisions of this agreement. **NOTE: It is the Property Owner's responsibility to authorize their employee to enter into this agreement and to notify the Concord Fire Department @225-8651 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.

AGENT SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

Please email the completed application to fire@concordnh.gov

CFD Use Only

AGENT # _____ TRAINING DATE: _____ APPROVED BY: _____

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

Prevention
(603) 225-8651
(603) 225-5833 Fax

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

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