***LISTED AGENT REGISTRATION/APPLICATION - $50.00***

**TYPE OF LISTING ( ) CITYWIDE or ( ) PROPERTY**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Listed Agent number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

HOME PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMPLOYER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

EMPLOYER PHONE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPERTY AGENT ONLY (PLEASE PRINT)**

LIST ALL BOXES TO BE SHORT ARMED BY YOU – USE REVERSE SIDE FOR ADDITIONAL BOX #’S AND

LOCATIONS IF NECESSARY

NAME OF PROPERTY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOX #’S** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

OWNERS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Any individual employed in the business of installation or service of fire alarm or sprinkler systems may apply to be listed as a

**CITYWIDE Master Fire Alarm Box Listed Agent** in the City of Franklin, NH. Any individual designated by a property

owner **and has a working knowledge of the operation of the Fire Alarm System** may be listed as **PROPERTY Master Fire**

**Alarm Box Listed Agent** in the City of Franklin, NH. All applicants will be required to complete an application to attend

and successfully complete a training class conducted by the Franklin Fire Department. The applicant will be scheduled for

class after review and verification of the application.

The individual’s registration may be suspended or terminated if he/she no longer meets the requirements of the Franklin Fire

Department for Master Fire Alarm Box Listed Agents. Agents are subject to a fine if a master fire alarm box is not armed properly during a spot inspection.

**Listed agents are responsible for notifying the Communications Division of ANY changes in employment, address, telephone, and pager.**

**I have received a copy of the rules and agree to abide by such AND that any violations of the Rules &**

**Regulations will result in loss of Listed Agent Registration.**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(FFD USE ONLY) ID # \_\_\_\_\_\_\_\_\_\_\_TRAINING DATE: \_\_\_\_\_\_\_\_\_\_\_ APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please read and initial next to the following statements:

**“ I understand that during the time period that the master box is disconnected that it is incapable of automatically transmitting a fire alarm to the Franklin Fire Department and that I shall be responsible to notify the Franklin Fire Department of any valid alarm of fire in the property while the master box is disconnected.”**

\_\_\_\_\_\_\_\_ (Please initial)

**“ I understand that I shall not leave the property while the master box is disconnected. If for some reason I can not reconnect the master box and clear the fire alarm system control panel I shall not leave the property until the system has been cleared and I have called the Franklin Fire Department to let them know the master box is back in working order. If the problem can not be cleared I shall not leave the property until both the property owner and the Franklin Fire Department have been notified and the details of the problem have been discussed with Franklin Fire Department.”**

\_\_\_\_\_\_\_\_ (Please initial)

**“ I understand that Franklin Fire Department reserves the right to do spot checks on my master box at any given time to ensure that I am in compliance with the rules and regulations set by the Franklin Fire Department.”**

\_\_\_\_\_\_\_\_\_ (Please initial)

**“ I understand and will abide by all the rules and regulations of the Franklin Fire Department regarding the master fire alarm box listed agent program. I will not divulge my listed agent ID to any other individual nor allow any other individual to act in my place as a listed agent.”**

\_\_\_\_\_\_\_\_\_ (Please initial)