

# **APPLICATION**

### **FOR**

# **FIRE PROTECTION SYSTEM (FPS)** INSPECTION, TESTING & COMMISSIONING.

FPS COMMISSIONING:	FPS INSPECTION:	FPS TESTING:
1. Monitored Premises		
Premises/Building Name:		
Site Address/Location:		
Town/Suburb:	Municipality or Local Rural Authority:	
Building(s) Occupied As:		
No: of Detectors:	No: of Manual Call Points: _	No: of Buildings:
Area (m²) of Monitored Premises:		
2. Applicant Details		
Applicant/Company:		
Contact Name:	Email Address:	
Phone No:	Fax No:	Mobile No:
Postal Address:		
3. Contact Details – Premises		5. 10.
		Position1:
Email Address1:		Contact No1:
Name2:		Position2:
Email Address2:		Contact No2:
4. Fire Protection Agent (FSA)		
Company Name:		Address:
Phone No:	Fax No:	Mobile No:
Contact Person:	Phone No:	Mobile No:
Email Address:		
Signature of Applicant:		Signature of FPA Contractor:

## NFA Use Only:

Date FPS Application Received				
FPS Application Fees Paid	RRNo:			
MICT FPS Application Received Date				
MICT FPS Assessment Completion Date				
MICT Approval Response				
MICT Approval Response Date/Time				
Inspection/Testing/Commissioning Fees Paid	RRNo:			
Annual Monitoring Fees Paid	RRNo:			
Monitoring Agreement Signed				
Inspection/Testing/Commissioning Date				
Inspection/Testing/Commissioning Time				
Date Inspected/Tested/Commissioned				
NFA Comments:				

#### Note:

- Page 1 of 2 to be completely filled out by the Building Owner/Fire Protection Agent.
- Page 2 of 2 if for NFA use only.