

EMCS REQUEST FOR CENTRAL STATION CONNECTION FORM

REQUEST FOR TRANSFER FORM OC97

Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Reference / Purchase No	
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Sleeping Risk on Commercial Fire Alarms:	Sleeping Risk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Commercial Systems Only - If Fire Brigade response is required, please specify if there is a risk of people sleeping on site. This information will then be passed on to the brigade upon activation. Information supplied is critical as this will affect the type of response the brigade provide.
EMCS will not be responsible or liable for incorrect information or if information affecting brigade response is not provided.

Customer Name			
Address			
Postcode			
Site Tel No			
Police Force			
Combined Int & P/A URN			
Intruder URN			
P/A URN			
Fire Brigade Response Req ?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Fire Brigade			
Nimbus Fire Confirmation ?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Please note that Nimbus Fire Confirmation is a chargeable extra.			

Product Type (please specify):-			
Transfer from which ARC?			
One of the 5 items below must be provided for us to be able to apply for the transfer.			
Dualcom Data Number			
Dualcom Sim Number			
Emizon EM Number			
Redcare STU/TAID Number			
Webway Existing Chip No			
Type of Verification fitted:-			
Site Password	Duress Code		
Standard Signalling	<input type="checkbox"/>	SIA Signalling	<input type="checkbox"/>

Channels & Type Of Signal (Please see second page for instructions) If SIA - Please DO NOT complete the channels below.

Ch	Type	Contact Method	Ch	Type	Contact Method	Ch	Type	Contact Method	Ch	Type	Contact Method
1			5			9			13		
2			6			10			14		
3			7			11			15		
4			8			12			16		

All low priority alarms will be actioned by text. If you would like the keyholders to be contacted, please specify in the special actions below

Keyholders To Be Informed	K/H Code	Keyholders To Be Informed	K/H Code
Please enter the name & telephone number / email address			
1		3	
2		4	

Special Actions / Additional Information (Please use extra sheet if req'd)

Remote Reset Fitted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Type	
Alarm Installer					Company Code	
Location / Chip No (If known)					Date	

I confirm that I am authorized to complete this request on behalf of the Alarm Installer.
I / We understand that a binding contract shall be formed in accordance with the Terms and Conditions for the Provision of Monitoring Services incorporated in the Credit Account Application Form which I / We submitted to EMCS and that this contract shall apply to all services referred to in the Application for Services from the earlier of: a) the date that EMCS accepts this EMCS Request For Central Station Connection Form and b) the time that I / We first make a connection to the Communication Centre for the services referred to in this EMCS Request For Central Station Connection Form. Please click [here](#) to see our terms and conditions.

Name of Person submitting this form	
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INSTRUCTIONS FOR COMPLETION OF FORM OC97

EMCS provide faxed/emailed confirmation of your clients monitoring and keyholder requirements. You must always ensure that our confirmation is in accordance with your instructions. EMCS cannot and will not be held responsible for your own or your clients failure to provide up to date accurate monitoring and keyholder information.

- TOP BOXES** These boxes must be completed fully before any information is entered onto the EMCS database.
- SLEEPING RISK** Commercial Systems Only - If Fire Brigade response is required, please specify if there is a risk of people sleeping on site. This information will then be passed on to the brigade upon activation.
- PRODUCT TYPE** Please specify which type of Product is being transferred:-
Dualcom, Emizon, Redcare or Webway.
- DATA NUMBER**
SIM NUMBER
EM NUMBER
STU/TAID NUMBER
CHIP NUMBER
- At least one of these 5 items must be provided so that we can apply with the transfer from the losing ARC.
- DETAILS** Please ensure that the address details are entered, as the application will **NOT** be processed if this is missing.
- POLICE / FIRE** Please specify which Police Force / Fire Brigade you would like to be notified in the event of an alarm activation. If you do not specify which Police Force / Fire Brigade you require, we will set the system up as NO Police Force / Fire Brigade required.
- CHANNELS** The standard method of signalling is Channel 1 for FIRE, 2 for P/A, 3 for INTRUDER, 4 for OPEN/ CLOSE or ABORT etc. If Channel set up is different, please specify (An additional charge will apply to multi-area systems).
- CONTACT METHOD** Please specify how you would like our operators to contact the keyholders (**Operator, Text, Email**).
- Operator** = An operator will attempt to ring the keyholder.
Text = A Text will be sent to the mobile number specified. The system will wait 2 minutes for a reply. If the reply is received, the alarm will be cleared down (as long as there are no further actions to be taken). If a reply is not received the alarm will be presented to the operators to contact the other keyholders listed. **The text message service may incur an additional charge.**
Email = An email will be sent to the address specified and the alarm will be cleared down (as long as there are no further actions to be taken).
- KEYHOLDERS** Please indicate (if more than one tel. no.) which number is to be called first. K/H CODE is a password for an individual keyholder if different from the main ABORT CODE.
- SPECIAL ACTIONS / INFORMATION** Please indicate anything which materially affects the way in which the alarm will be dealt with (use a separate piece of paper if required).
- REMOTE RESET TYPE** Please be specific when entering the "TYPE" of reset unit fitted (e.g. Castle Care-Tech 2300 panel).
- ALARM INSTALLER** Please ensure that your Alarm Installer Code is entered to avoid your application being delayed.