



RC1A Application for Unique reference number



Name:.....**Digi Number**.....

Address:.....
.....
.....

Gate code if applicable:.....**Eircode:**.....

Contact Number:.....**Type of Premises:** Domestic/Commercial

Risks and Hazards: Yes/No If yes please list.....

Licensed fire arms kept at premises: Yes/No

As the person responsible at the premises indicated at above applying for a Unique Reference Number (URN), I undertake to ensure that one or other of my nominated Key-holders will always turn out and will take responsibility for the premises. I accept that Key-holder attendance at the premises is a vital part to the effective policing of the alarm and that Garda personnel cannot police my intruder alarm to its full potential without the assistance of a Key-holder

Signature:.....

Date:.....

To Be Filled Out By the Installer

Installation Company:.....**Certification Company:**..... **Certification Number:**.....

Whom did you instruct on the use of the alarm:

- 1.
- 2.

Type of Verification Technology Installed:

- 1. Verified by the activation of a secondary detection device:
- 2. Visual inspection:
- 3. Audible inspection:
- 4. Is there a maintenance process in place: Yes / NO
- 5. Is there a radio or cell phone backup:

Signed:

To Be Filled Out By the Monitoring Centre

Company: SMART MONITORING **License Number:** PSA 02277/NSAI 228:229

Completion Certificate Number:

Have you been provided with a list of key holders who can attend at the premises within 30 minutes?

Yes or No (Please circle)

Signed:

To Be Filled Out By An Garda Siochana The following URN:

.....has been allocated to the above alarm system.

Signed: (Chief Superintendent)