



C1 FORM

Application to DFES for Connection of Premises as a DBA Site

This form advises DFES that a fire detection / suppression system is being installed in the premises listed below and requests application for connection to DFES as a Direct Brigade Alarm (DBA).

ⓘ All fields on this form are compulsory – omissions may result in processing delays or rejection of the form.

Complete on screen, or print and fill in by hand in **BLACK PEN** using **BLOCK LETTERS**. If filling by hand, fill circles with a large dot to indicate your answer.

1. Details of Premises

Name of building:			
Street / lot number:			
Street name:			
Suburb:		Postcode:	
Nearest cross street:			
Local Council:			
Building usage:			
Building Classification:		ⓘ Enter classification as per building license.	
Number of floors:		ⓘ Include ground floor, exclude basement.	

2. Applicant / Building Owner Details

Company / EUA Entity:			
ABN / ACN for Company:		ⓘ As per ABN Lookup website.	
Trustee name (if applicable):			
Trustee ABN / ACN:			
Trust name (if applicable):			
Trust ABN:			
Entity contact name:			
Entity phone:			
Entity mobile:			
Entity email:			
Mailing / billing address:			
State:		Postcode:	



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2. Applicant / Building Owner Details *(continued)*

Billing contact name:	
Billing phone:	
Billing mobile:	
Billing email:	

3. Connection Payment Arrangement / Details

Party Responsible for Initial Connection Fee:

Client

Agent

Where the client is responsible for the connection fees, pre-payment will be required before DBA Connection.

Party Responsible for Pro-Rata Monitoring Fee:

Client

Agent

Monitoring Fees are charged pro-rata from the connection date until the end of the current financial year.

4. Fire Alarm Agent Details

Company / business name:			
Mailing / billing address:			Postcode:
Fire Agent contact name:			
Fire Agent reference:			
Fire Agent phone:			
Fire Agent mobile:			
Company contact email:			



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Important Information

The signatory accepts all costs associated with the cancellation of this DBA application if cancelled prior to completion.

The signatory acknowledges where the DBA monitoring is compromised due to low signal strength, DFES / FAMS will issue a quotation to the signatory acting on behalf of the client or to the client to install any and all such equipment as required to resolve issues with low signal strength. Upon authority DFES / FAMS will complete the required work.

The client may choose to engage their own contractor to complete the work required to resolve issues with low signal strength. Assistance from FAMS may be required to finalise the connection at the Alarm Signalling Equipment (ASE) at the standard rate as per Schedule 2.

DFES / FAMS accepts no responsibility for any delays with DBA Connections compromised by low signal strength.

5. Applicant's Declaration

This section is to be completed by a representative from each party nominated in Section 3. Connection Payment Arrangement / Details.

Client Use Only

Signature of Authorised Applicant:	_____ OR; type to sign:	
Name of Authorised Applicant:		
Title of Authorised Applicant:		
Company of Authorised Applicant:		
Date signed:		(dd/mm/yyyy)

Fire Agent Use Only

Signature of Authorised Applicant:	_____ OR; type to sign:	
Name of Authorised Applicant:		
Title of Authorised Applicant:		
Company of Authorised Applicant:		
Date signed:		(dd/mm/yyyy)