



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal – Bureau of Fire Prevention

REPORT OF CHANGE OF ALARM SYSTEM SERVICE PROVIDER

Current Service Provider's Legal Name: _____

Address: _____ City/State/Zip: _____

Prior Service Provider's Legal Name: _____

Property Name: _____

Property 911 Address: _____ City/State/Zip: _____

Local 911 Dispatch # for property: _____

Local Authority Having Jurisdiction: _____

Previous Method of Fire System Monitoring:

☐ Phone Lines ☐ MFVN ☐ AES Intellinet

☐ Cellular ☐ Local system ☐ IP Communications

☐ Other: _____

Type of Fire System Monitoring: ☐ Remote Supervising Station ☐ Proprietary Station ☐ Central Station Service

☐ Other: _____

New Method of Fire System Monitoring:

☐ Phone Lines ☐ MFVN ☐ AES Intellinet

☐ Cellular ☐ Local system ☐ IP Communications

☐ Other: _____

Service Provider Contact (customer service primary contact):

Name: _____ Title(s): _____

Mailing Address: _____ City/State/Zip: _____

Phone: (_____) _____ E-mail address: _____

Service Subscriber Contact:

Name: _____ Title(s): _____

Mailing Address: _____ City/State/Zip: _____

Phone: (_____) _____ E-mail address: _____

A photo of installation or modification showing compliance with Rule 69A-48.006, Florida Administrative Code (F.A.C.), and the NFPA 72, as adopted in Rule 69A-3.012, F.A.C., is attached hereto.

☐ Yes

☐ No

A signal history report showing detail of communications to the new central station is attached hereto.

☐ Yes

☐ No

As of the ____ day of _____, 20_____, the following existing fire alarm system has changed service providers for monitoring. The undersigned service provider has completed tested every aspect of the existing fire alarm system identified herein, and it is in compliance with all applicable federal, state, and local codes, ordinances, and statutes.

Name & Title of person completing this form (please print)

Date

Signature

Instructions

This form is to be completed by the new fire alarm monitoring service provider and submitted to the authority having jurisdiction over the property where the services are being provided within 48-hours of a change in service providers to the fire alarm monitoring service.

Please email form to: lifesafetyadmin@northcollierfire.com