



City of Manchester
Fire Department
Fire Communications Division

LISTED AGENT APPLICATION - \$50.00

TYPE OF LISTING () CITYWIDE or () PROPERTY

PLEASE PRINT

NAME: _____

HOME ADDRESS: _____
Street City State Zip

CELL PHONE # _____ EMAIL: _____

EMPLOYER NAME: _____ JOB TITLE: _____

EMPLOYER ADDRESS: _____
Street City State Zip

EMPLOYER PHONE # _____ FAX # _____

PROPERTY AGENT ONLY (PLEASE PRINT)

LIST ALL BOXES TO BE SHORT ARMED BY YOU – USE REVERSE SIDE FOR ADDITIONAL BOX #'S AND LOCATIONS IF NECESSARY

NAME OF PROPERTY: _____

PROPERTY ADDRESS: _____
BOX #'S _____

OWNERS NAME: _____ TEL: _____

OWNERS ADDRESS _____
Street City State Zip

Any individual employed in the business of installation or service of fire alarm or sprinkler systems may apply to be listed as a **CITYWIDE Master Fire Alarm Box Listed Agent** in the City of Manchester, NH. Any individual designated by a property owner and has a working knowledge of the operation of the Fire Alarm System may be listed as **PROPERTY Master Fire Alarm Box Listed Agent** in the City of Manchester, NH. All applicants will be required to complete an application and attend and successfully complete a training class conducted by the Manchester Fire Department. The applicant will be scheduled for class after review and verification of the application.

The individual's registration may be suspended or terminated if he/she no longer meets the requirements of the Manchester Fire Department for Master Fire Alarm Box Listed Agents. **Listed agents are responsible for notifying the Communications Division of ANY changes in employment, address, telephone, and pager.**

I have received a copy of the rules and agree to abide by such AND that any violations of the Rules & Regulations will result in loss of Listed Agent Registration.

SIGNATURE _____ **DATE:** _____

(MFD USE ONLY) ID # _____ TRAINING DATE: _____ APPROVED BY: _____

NOTES: _____