



**UN"NNE**

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Phone: (877) UL HELPS, Fax: (847) 407-1001

<b>SN :</b>	

## Central Station Burglar Alarm Description Worksheet

<b>PROTECTED PROPERTY</b>		
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Representative Name (please print): _____		

<b>ALARM SERVICE COMPANY</b>		
File No: BP _____ Service Center Number: _____ Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Representative: _____ Phone Number: _____ Name (please print): _____ ( ) _____ Representative _____ Fax Number: _____ Title (please print): _____ ( ) _____		

<b>PERIOD OF ISSUANCE</b>	
Note: Issue date must be within the last 30 days or request can't be processed. Certificates may be issued from 1 to 5 years.	
Issue Date: ___/___/___      Expiration Date: ___/___/___	
Old Serial Number (If applicable): _____	
New _____ Renewal _____ Replacement _____	

**COMMENTS AND CLARIFICATIONS**

Note: Clarify location or area of coverage, as needed.

\_\_\_\_\_  
\_\_\_\_\_

**SYSTEM DESCRIPTION**

**Category: Central Stations Burglar**

<b>Type</b>	<b>Extent of Protection</b>	<b>Quantity</b>
Premise	___ 1 ___ 2 ___ 3 ___ 4	NOT APPLICABLE
Stockroom	___ 1 ___ 2 ___ 3 ___ 4	_____
Safe Complete		_____
Safe Partial		_____
Vault	___ Complete ___ Partial	_____
Night Depository	___ Complete ___ Partial	_____
ATM	___ Complete ___ Partial	_____
Holdup (Supplementary, per UL 681)		_____ initiating devices

**Area Covered/Location: Building(s), Floor(s) or Area(s)**

\_\_\_\_\_

**Alarm Sounding Device Location(s):**

\_\_\_ None \_\_\_ Inside \_\_\_ Outside \_\_\_ Inside/Outside

**REMOTE MONITORING**

**UL Listed Central Station:**

File no: BP \_\_\_\_\_ Service Center No \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

*For Extent 4 Systems with NO investigator response*

Party Notified in case of alarm \_\_\_\_\_ Subscriber's Agent (designated by subscriber)

\_\_\_\_\_ Law Enforcement \_\_\_\_\_ Subscriber

**ALARM TRANSMISSION METHOD**

**Primary Transmission**

- |                                    |  |
|------------------------------------|--|
| _____ Multiplex                    | _____ Derived Channel                        |
| _____ Private Radio System (2-way) | _____ Radio Network/Transport System (2-way) |
| _____ Private Radio System (1-way) | _____ Radio Network/Transport System (1-way) |
| _____ Digital Alarm Communicator   | _____ Cellular Digital Alarm Communicator    |
| _____ Data Network                 | _____ Transmitter (McCulloh)                 |
| _____ Direct Wire                  | _____ Other Transmission Technologies        |

**Secondary Transmission**

(May be required for some types of primary transmission means. See UL 827)

- |                                    |  |
|------------------------------------|--|
| _____ Multiplex                    | _____ Derived Channel                        |
| _____ Private Radio System (2-way) | _____ Radio Network/Transport System (2-way) |
| _____ Private Radio System (1-way) | _____ Radio Network/Transport System (1-way) |
| _____ Digital Alarm Communicator   | _____ Cellular Digital Alarm Communicator    |
| _____ Data Network                 | _____ Transmitter (McCulloh)                 |
| _____ Direct Wire                  | _____ None                                   |

Other Transmission Technologies: \_\_\_\_\_

**UL LISTED OR CLASSIFIED ALARM TRANSPORT COMPANY (if used)**

File Number: \_\_\_\_\_  
(If not known, fill in name and address below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LINE SECURITY EMPLOYED**

\_\_\_\_\_ **No Line Security** (Equipment marked Grade A, B, or C or having no reference to line security)

\_\_\_\_\_ **Standard** (Equipment marked Standard, Grade AA, BB or CC)

\_\_\_\_\_ **Encryption** (Equipment marked Encryption)

**ALARM INVESTIGATOR**

**Response Time in Minutes:**

\_\_\_\_\_ 5 \*      \_\_\_\_\_ 10 \*      \_\_\_\_\_ 15      \_\_\_\_\_ 20      \_\_\_\_\_ 25      \_\_\_\_\_ 30

\_\_\_\_\_ 35      \_\_\_\_\_ 40      \_\_\_\_\_ 45      \_\_\_\_\_ 50      \_\_\_\_\_ 55      \_\_\_\_\_ 60

\_\_\_\_\_ None (extent 4 systems only)

\* Special Conditions Apply. See UL 827

**Investigator Team:**

\_\_\_\_\_ 1 runner, without keys, plus local law enforcement

\_\_\_\_\_ 1 runner, with keys, plus local law enforcement

\_\_\_\_\_ 2 runners, with keys, no local law enforcement

\_\_\_\_\_ 2 runners, with keys, plus local law enforcement

\_\_\_\_\_ None, Alarms retransmitted only – Extent 4 systems ONLY

**CONTROL AND TRANSMITTER UNITS**

**Manufacturers and Model Numbers: Indicate model numbers and manufacturers of all control units and transmission devices. Do not include initiating device model numbers.**

Control Unit: Mfg: \_\_\_\_\_ Model: \_\_\_\_\_

Independent Transmitter Mfg: \_\_\_\_\_ Model: \_\_\_\_\_  
(If applicable)