

EMCS REQUEST FOR CENTRAL STATION CONNECTION FORM

REQUEST FOR WEBWAY CONNECTION FORM OC62/13

New Installation	<input type="checkbox"/>	Transfer from ARC	<input type="checkbox"/>	If transfer, which ARC?	
Residential	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Reference / Purchase No	
Sleeping Risk on Commercial Fire Alarms:		Sleeping Risk		Yes	<input type="checkbox"/> No <input type="checkbox"/>

Commercial Systems Only - If Fire Brigade response is required, please specify if there is a risk of people sleeping on site. This information will then be passed on to the brigade upon activation. Information supplied is critical as this will affect the type of response the brigade provide. EMCS will not be responsible or liable for incorrect information or if information affecting brigade response is not provided.

**This is an order for monitoring ONLY.
To order the unit - Please contact Webway direct.**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #4b0082; color: white;">Customer Name</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Address</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;"> </td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;"> </td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;"> </td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Postcode</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Site Tel No</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;"> </td><td></td></tr> <tr> <td style="background-color: #4b0082; color: white;">Standard Signalling</td> <td><input type="checkbox"/></td> <td style="background-color: #4b0082; color: white;">SIA Signalling</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4" style="background-color: #4b0082; color: white;">If SIA - Please DO NOT complete the channels section below.</td> </tr> <tr> <td style="background-color: #4b0082; color: white;">Site Password</td> <td colspan="3" style="background-color: #4b0082; color: white;">Duress Code</td> </tr> <tr><td style="background-color: #4b0082; color: white;"> </td><td colspan="3"></td></tr> </table>	Customer Name		Address								Postcode		Site Tel No				Standard Signalling	<input type="checkbox"/>	SIA Signalling	<input type="checkbox"/>	If SIA - Please DO NOT complete the channels section below.				Site Password	Duress Code							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #4b0082; color: white;">Product Type (please specify):-</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;"> </td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Please select signalling type from drop down menu.</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Type of Verification fitted:-</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Police Force</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Combined Int & P/A URN</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">Intruder URN</td><td></td></tr> <tr><td style="background-color: #4b0082; color: white;">P/A URN</td><td></td></tr> <tr> <td style="background-color: #4b0082; color: white;">Fire Brigade Response Req ?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr><td style="background-color: #4b0082; color: white;">Fire Brigade</td><td colspan="2"></td></tr> <tr> <td style="background-color: #4b0082; color: white;">Nimbus Fire Confirmation ?</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr><td colspan="3" style="background-color: #4b0082; color: white;">Please note that Nimbus Fire Confirmation is a chargeable extra.</td></tr> <tr><td style="background-color: #4b0082; color: white;"> </td><td colspan="2"></td></tr> </table>	Product Type (please specify):-				Please select signalling type from drop down menu.		Type of Verification fitted:-		Police Force		Combined Int & P/A URN		Intruder URN		P/A URN		Fire Brigade Response Req ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fire Brigade			Nimbus Fire Confirmation ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please note that Nimbus Fire Confirmation is a chargeable extra.					
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Channels & Type Of Signal (Please see second page for instructions)

Ch	Type	Contact Method	Ch	Type	Contact Method	Ch	Type	Contact Method	Ch	Type	Contact Method
1			5			9			13		
2			6			10			14		
3			7			11			15		
4			8			12			16		

Keyholders To Be Informed	K/H Code	Keyholders To Be Informed	K/H Code
Please enter the name & telephone number / email address			
1		3	
2		4	

Special Actions / Additional Information (Please use extra sheet if req'd)

Remote Reset Fitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type	
Alarm Installer			Company Code	
Location / Chip No (If known)			Date	

I confirm that I am authorized to complete this request on behalf of the Alarm Installer.
 I / We understand that a binding contract shall be formed in accordance with the Terms and Conditions for the Provision of Monitoring Services incorporated in the Credit Account Application Form which I / We submitted to EMCS and that this contract shall apply to all services referred to in the Application for Services from the earlier of: a) the date that EMCS accepts this EMCS Request For Central Station Connection Form and b) the time that I / We first make a connection to the Communication Centre for the services referred to in this EMCS Request For Central Station Connection Form. Please click [here](#) to see our terms and conditions.

Name of Person submitting this form	
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INSTRUCTIONS FOR COMPLETION OF FORM OC62/13

EMCS provide faxed/emailed confirmation of your clients monitoring and keyholder requirements. You must always ensure that our confirmation is in accordance with your instructions. EMCS cannot and will not be held responsible for your own or your clients failure to provide up to date accurate monitoring and keyholder information.

- TOP BOXES** These boxes must be completed fully before any information is entered onto the EMCS database.
- SLEEPING RISK** Commercial Systems Only - If Fire Brigade response is required, please specify if there is a risk of people sleeping on site. This information will then be passed on to the brigade upon activation.
- PRODUCT TYPE** Please specify which type of Product is being installed:-
Communicator Range(New Range) - G2 25Hr, G3 5Hr, G3 1Hr, G4 PSTN 6Min, G4 IP 3Min
Smart - G2 25H, G3 5Hr, G3 1Hr, G4 PSTN 6Min, G4 IP 3Min
Go - G2 IP 25Hr, G2 GPRS 25Hr, G3 5Hr, G3 1Hr
Go Plus - G2 25Hr G3 5Hr, G3 1Hr
Nano - G2 25H, G3 5Hr, G3 1Hr

Communicator Range (Old Range)- GPRS, IP, IP/PSTN, IP/GPRS.
G Series - G2, G3, G4.
Imaging
One Series - G3+, GPRS, IP
- SMART REPORTING** Please specify if Smart Reporting is required.
- DETAILS** Please ensure that the address details are entered, as the application will **NOT** be processed if this is missing.
- POLICE / FIRE** Please specify which Police Force / Fire Brigade you would like to be notified in the event of an alarm activation. If you do not specify which Police Force / Fire Brigade you require, we will set the system up as NO Police Force / Fire Brigade required.
- CHANNELS** The standard method of signalling is Channel 1 for FIRE, 2 for P/A, 3 for INTRUDER, 4 for OPEN/CLOSE or ABORT etc. If Channel set up is different, please specify (An additional charge will apply to multi-area systems).
- CONTACT METHOD** Please specify how you would like our operators to contact the keyholders (**Operator, Text, Email**).
Operator = An operator will attempt to ring the keyholder.
Text = A Text will be sent to the mobile number specified. The system will wait 2 minutes for a reply. If the reply is received, the alarm will be cleared down (as long as there are no further actions to be taken). If a reply is not received the alarm will be presented to the operators to contact the other keyholders listed. **The text message service may incur an additional charge.**
Email = An email will be sent to the address specified and the alarm will be cleared down (as long as there are no further actions to be taken).
- KEYHOLDERS** Please indicate (if more than one tel. no.) which number is to be called first. K/H CODE is a password for an individual keyholder if different from the main ABORT CODE.
- SPECIAL ACTIONS / INFORMATION** Please indicate anything which materially affects the way in which the alarm will be dealt with (use a separate piece of paper if required).
- REMOTE RESET TYPE** Please be specific when entering the "TYPE" of reset unit fitted (e.g. Castle Care-Tech 2300 panel).
- ALARM INSTALLER** Please ensure that your Alarm Installer Code is entered to avoid your application being delayed.