

INSTALLING/PROGRAMMING COMPANY: _____

PRIMARY TECHNICIAN NAME: _____

MOBILE/MAIN CONTACT PHONE NUMBER: _____

SUBSCRIBER/SITE NAME: _____

SITE ADDRESS: _____

MAIN CONTACT NAME: _____

MOBILE/MAIN CONTACT PHONE NUMBER: _____

1. Please fill out below ASAP and fax to the CS, 206 328 6755, attn: Programmer

QUANTITY	INVENTORY	DESCRIPTION	AUDIBLE: <input type="checkbox"/> YES ___ MIN <input type="checkbox"/> NO
___	SYSTEM TYPE	<input type="checkbox"/> FIRE <input type="checkbox"/> SECURITY	<input type="checkbox"/> FIRE/SECURITY <input type="checkbox"/> CARD ACCESS
___	PANEL TYPE/VER	_____ (Brand/model/version) <input type="checkbox"/> ADDRESSABLE	
___	REMOTE ACCESS	_____ (Remote access software)	
___	PANEL LOCATION	_____ (Location of the alarm panel)	
___	KEYPAD(S)	_____ (Model of all keypads)	
___	KEYPAD(S) LOCATION	_____ (Location of all keypads)	
___	REMOTE POWER SUPPLY	_____ (# & location of each)	
	PRIMARY DIALER	_____ (Panel Phone #)	<input type="checkbox"/> DEDICATED <input type="checkbox"/> SHARED
	SECONDARY DIALER	_____ (Panel Phone #)	<input type="checkbox"/> DEDICATED <input type="checkbox"/> SHARED
	TECH/DATE INSTALLED	_____ (Full name/date/description)	
	SITE KEY(S)/ACCESS	_____ (Location, combination, etc.)	
	FIRE DEVICES	<input type="checkbox"/> HEAT DETECTORS	<input type="checkbox"/> LOW AIR SWITCHES
		<input type="checkbox"/> MANUAL PULLS	<input type="checkbox"/> SMOKE DETECTORS
		<input type="checkbox"/> STROBES	<input type="checkbox"/> SWF SWITCHES
		<input type="checkbox"/> VALVE SWITCHES	<input type="checkbox"/> OTHER: _____
	NOTES/OTHER:	_____ _____	

2. Please work closely with WA's Programmer (206-436-5361) to confirm/coordinate the following:

a. **ACCOUNT NUMBER:** _____ (4 digits) b. **TEST TIMER:** DAILY (Fire/Combo) WEEKLY (Security)

c. **CENTRAL STATION REPORTING FORMAT:** CONTACT ID RADIONICS MODEM/BFSK

d. SAMPLE SIGNALS SENT TO CENTRAL STATION:

ALARM ON: ___/___/200__ TROUBLE ON: ___/___/200__

SUPERVISORY ON: ___/___/200__ RESTORAL ON: ___/___/200__

e. **COMPLETE ZONE DESCRIPTIONS** TO CENTRAL STATION ON: ___/___/200__

f. **COMPLETE SYSTEM SIGNALS** TO CENTRAL STATION ON: ___/___/200__

g. **SYSTEM LIVE** IN CENTRAL STATION: ON: ___/___/200__

TECHNICIAN SIGNATURE _____/_____/200__
DATE

3. After signing, please fax to WA's Central Station, 206 328 6755, attn: Programmer