



Monitoring Centre
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ALARM MONITORING COMMISSIONING FORM

Version: 12:01

Section 1: CUSTOMER DETAILS: **Panel Type:** _____ **Acc:** _____

Trading Name: _____ Contact Person: _____

Site Address: _____ Suburb: _____

State: _____ Postcode: _____ Nearest X-street: _____

Premises Phone #1: _____ Phone #2: _____

Section 2: PASSWORD OPTIONS: *(Please choose one of the following password options)*

- General Password *(one password to be stated by all employees)* OR Individual Employee Passwords
(Please list password details on an attached letterhead)
- General Security Password: _____

Section 3: KEYHOLDER DETAILS:

Important: Advise keyholders on the list that they may be contacted 24/7 to make decisions regarding your security. JD Security does not except liability for charges incurred as a result of customer failure to supply home and mobile numbers.

#	KEYHOLDERS NAME		HOME PHONE NO.	MOBILE PHONE NO.
	First Name	Surname		
1.				
2.				
3.				
4.				
5.				

Section 4: OPEN/CLOSE SCHEDULE:

Important: The open/close schedule represents the times that the staff arm & disarm the alarm system, e.g. if your trading hours are 9:00am-5:00pm but staff enter at 8:00am and leave at 5:30pm, then your scheduled open & close times would be 8:00am & 5:30pm. **NOTE: If you do not wish JD Security to monitor your open/close times, or your premises are open 24 hours, please leave this.**

DAYS:	MON	TUE	WED	THUR	FRI	SAT	SUN
OPEN TIME:							
CLOSE TIME:							

Section 5: ALARM RESPONSE PLAN: *(Please choose one of the following three options)*

- Send Response vehicle for all events. (**NOTE:** Keyholders only contacted for Break & Enters)
- Send Response for all events if unable to contact keyholders.
- Send Response for All events only after keyholders request.

Section 6: OPTIONAL SERVICES: *(please indicate whether you require any of the following optional services) *Charges Apply*

- Place a static guard on site for break & enters when unable to contact keyholders* YES NO
- Alarm activity reports: Emailed monthly to email address provided below* YES NO

Section 7: SECTOR LIST:

- I/We undertake to provide the sector list for the alarm system prior to cut-over. I/We understand that if I/We do not provide a sector list JD Security will compile a sector list subject to additional charges YES NO

Section 8: AUTHORISATION

I am authorized to act on behalf of the business. I declare that the above information is accurate and current and agree to notify JD Security in writing of any changes. I understand that the JD Security monitoring centre records all inbound and outbound telephone conversations in compliance with Australian Standard 2201.0 and hereby authorize and agree to this practice.

Authorised by (please print): _____ Signature: _____ Dated: _____

Email: _____