



APPLICATION FOR UNIQUE REFERENCE NUMBER (URN)

v. 2023.01

Alertline Security
25 Nordic Enterprise Park,
Knockgriffin,
Midleton,
Co. Cork P25 D250 Tel: 0818 22 88 22 / 021 4636095



NAME: _____ **CUSTOMER ACCOUNT NUMBER:** _____

ADDRESS: _____

EIRCODE _____

Garda Sub-District within which the premises are located: _____

(You must phone station to confirm that the above sub-district covers the premises)

1.1.1 Type of Premises: (Tick Box)

Residential Business - if Business, state what type of business: _____

1.1.2 Directions to premises from nearest primary road or other landmark:

1.1.3 Risks and Hazards:

State any risks or hazards present on your premises that may injure or impede Gardaí responding to your alarm:

1.1.4 If there are risks and hazards, please state:

What measures have been taken to reduce such risks or hazards? _____

Are there licensed firearms kept at the premises? _____

As the person responsible at the premises indicated above applying for a Unique Reference Number (URN), I undertake to ensure that one or other of my nominated key holders will always respond and will take responsibility for the premises. I accept that keyholder attendance at the premises is a vital part to the effective policing of the alarm and that Garda personnel cannot police my intruder alarm to its full potential without the assistance of a key holder.

Signature: _____ **Date:** _____

TO BE COMPLETED BY THE INSTALLER

Installation Company: _____

Certification Company: _____

Licence No: _____

Whom did you instruct on the use of the alarm?

- 1. _____
- 2. _____
- 3. _____

Type of verification technology installed

- 1. Verified by the activation of a secondary detection device
- 2. Visual inspection
- 3. Audible Verification

4. Is there a maintenance process in place?

Yes No

5. Is there a radio or cell phone backup?

Signed: _____

TO BE COMPLETED BY MONITORING CENTRE

Company Name Alertline Ltd

Certification Company NSAI - PSA 33:2014

Licence Number 00734

Have you been provided with a list of keyholders who can attend at the premises within 30 minutes?

(Tick box) Yes No

Signed: _____

TO BE COMPLETED BY AN GARDA SÍOCHÁNA

The following URN _____ has been allocated to the above alarm system.

Chief Superintendent: _____