



National Industrial Security Systems (CRZH)

Alarm System Description

| | | |
|--|--|------------------------|
| <input type="checkbox"/> New | Replaced Certificate Serial No. | |
| <input type="checkbox"/> Replace Existing Certificate | <input type="text"/> | |
| Alarm Company Name * | File Number* | Service Center* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Participant Companies

| | | |
|--|------------------------------------|---|
| Protected Property* | Protected Property Address* | |
| <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | |
| City* | State* | Zip Code* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> - <input type="text"/> |
| Period of Issuance (1 to 5 years) | | |
| from* | <input type="text"/> | until* <input type="text"/> |
| Property Company Authorized Representative* | Review Date* | |
| <input type="text"/> | <input type="text"/> | |
| Alarm Company Authorized Representative* | Review Date* | |
| <input type="text"/> | <input type="text"/> | |

* Required fields

333 Pfungsten Road, Northbrook, IL 60062-2096 USA
T: 877.854.3577 / F: 847.407.1001 / W: ul.com/alarmsystems

Basic Alarm Information

Area Covered*

Alarm Sounding Device Location* None Inside Outside Inside and Outside

Applicable Government Standards* NISPOM, DoD 5220.22M JAFAN 6/9 ICD705-1
 AA&E Manual DoD 5100.76M DCID 6/9

System Type*

Closed Area

Alarmed Room

AA&E Storage Area

Locking Bar Container

Non-Standard Container

AA&E Container

GSA Approved Container

Vault

Number of Systems

Not Applicable

Not Applicable

Not Applicable

Extent of Protection

3 5 (Prior approval is required)

3 5 (Prior approval is required)

2 3

Complete

Complete

Complete Partial

Complete

Complete

Monitoring

Monitoring Location*

UL Listed Central Station (CPVX or UUFX)

UL Listed National Industrial
Monitoring Station (CRZM)

UL Listed Residential Monitoring Station (CVSU)

Government Contractor Monitoring Station

Law Enforcement Dispatch Center (Prior approval is required)

Central Station File Number*

Service Center*

Monitoring Location Details

Location Name*

Address*

City*

State*

Zip Code*

 -

Transmission to Monitoring Location

Primary Method*

- Cellular Digital Alarm Communicator
- Data Network (Prior approval is required)
- Derived Channel
- Digital Alarm Communicator
- Direct Wire
- Multiplex
- Private Radio System (1-way)
- Private Radio System (2-way)
- Radio Network/Transport System (1-way)
- Radio Network/Transport System (2-way)
- Transmitter (McCulloh)

Secondary Method*

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

Line Security Employed*

- None (Prior approval is required)
- Standard Encrypted

Monitored Signals*

- Alarms, Troubles, Openings and Closings
- Alarms and Troubles
(Prior approval is required. This choice is **only** applicable for a system connected to a Law Enforcement Agency)

Additional Information

| Investigator* | Response Time Category* |
|--|--|
| <input type="checkbox"/> Private Guard Company | <input type="checkbox"/> 5 minutes, applies to SAP or SCI systems <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes ** <input type="checkbox"/> 30 minutes ** (**Prior approval is required) |
| <input type="checkbox"/> Government Contractor Investigator | <input type="checkbox"/> 5 minutes, applies to SAP or SCI systems <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes** <input type="checkbox"/> 30 minutes** (**Prior approval is required) |
| <input type="checkbox"/> Law Enforcement Officer (Prior approval is required) | Not Identified |
| <input type="checkbox"/> Government Contractor Representative (Prior approval is required) | 60 minutes |
| Investigator Name* (Do not complete if a Government Contractor Representative is the investigator) | |
| <input style="width: 100%;" type="text"/> | |
| Address* | |
| <input style="width: 100%;" type="text"/> | |
| City* | State* Zip Code* |
| <input style="width: 100%;" type="text"/> | <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/> |
| Control and Transmitter Unit | |
| Control Unit* | Control Unit Model Number* |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Secondary Transmitter (If Applicable): | Secondary Transmitter Model Number: |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Transmitter (Not connected to Control Unit): | Transmitter Model Number: |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Cognizant Agency/Office

Cognizant Agency/Office with Jurisdiction

City*

State*

The following items require approval by a representative of the Cognizant Security Agency/Office having jurisdiction. This form should be reviewed and each of the items listed below that apply to this alarm installation should be approved by entering the name and signature of the representative for the Cognizant Security Agency/ Office on the line to the right of the item.

| | | Printed Name | CSA or CSO Signature |
|--------------------|---|----------------------|----------------------|
| Type of System | Extent 5 | <input type="text"/> | <input type="text"/> |
| Line Security | None | <input type="text"/> | <input type="text"/> |
| Alarm Transmission | Data Network | <input type="text"/> | <input type="text"/> |
| Monitored Signals | Alarm & Troubles | <input type="text"/> | <input type="text"/> |
| Remote Monitoring | Law Enforcement | <input type="text"/> | <input type="text"/> |
| Investigator | Law Enforcement | <input type="text"/> | <input type="text"/> |
| Investigator | Government Contractor Representative | <input type="text"/> | <input type="text"/> |
| Response Time | <input type="checkbox"/> 20 mins. <input type="checkbox"/> 30 mins. | <input type="text"/> | <input type="text"/> |

ASD is to be available at the service center throughout the life of the certificate.