



ANCHORAGE FIRE DEPARTMENT



Fire Prevention
4700 Elmore Road
Anchorage, AK 99507
Phone (907) 267-4901 | Fax (907) 249-7788
Email: fireprevention@muni.org

2026 Fire Monitoring Company Registration Application

All companies that provide Central Station Service, Proprietary Supervision Station or Remote Supervising Station alarm monitoring as required by IFC, IBC and NFPA 72, shall annually register with the Anchorage Fire Department Fire Prevention Division per Anchorage Municipal Code (AMC) 23.45.901.11. All monitoring shall be by an approved supervising station per 2018 IFC Section 903.4.1 and 907.6.6.

- Please print or type your answers.
- An application is considered complete only if you have submitted all required documents listed in Section 9.
- You must submit a separate application for each branch office other than the main location listed on your State of Alaska Business License.
- Answer questions completely and truthfully. We may deny, suspend, or revoke your approved monitoring registration application if you misrepresent or knowingly give wrong information on this application.
- Register due no later than July 1st.
- Email application to: fireprevention@muni.org

1. Company information

Name of company (assumed name or DBA)

State of Alaska Business License Number

State of Alaska Entity Number

Company physical address (no P.O. box)

City

State

ZIP

County

Phone

Fax

Email (required)

Website (optional)

Company mailing address

City

State

ZIP

County

2. Questions

1.Does the company provide monitoring services at the company’s physical address listed above in Section 1?

Yes _____ No _____

If **yes**, provide a copy of your current UL Certificate or a copy of the companies standard operating procures that complies with NFPA 72 for the monitoring of fire system and dispatching.

2.Does your company bill or contract with the customer for fire alarm monitoring done by another company?

Yes _____ No _____

If **yes**, fill out information below

Name of company (assumed name or DBA)

State of Alaska Business License Number

State of Alaska Entity Number

Company physical address (no P.O. box)

City

State

ZIP

County

Phone

Fax

Email (required)

Website (optional)

3.Does your company wholesale fire alarm monitoring done by another company operating with the Municipality of Anchorage for monitoring?Yes _____ No _____

If **yes**, list companies within the Municipality of Anchorage

Company Name

Phone

Company Name

Phone

Company Name

Phone

Company Name

Phone

Company Name

Phone

Company Name

Phone

Company Name

Phone

3. Ownership of company

Indicate the company type and provide the requested information. Complete all that apply

Sole proprietorship

Name of individual owner and phone number

General partnership

Names of individual partners

Limited liability partnership (LLP) or limited partnership (LP)

Full legal name of partnership

Full legal name of general partner

Corporation

Full legal name of corporation

Limited liability company (LLC)

Full legal name of LLC

4. Monitoring Center

Monitoring service (initial one)

_____ (Initial) Central Station Service (2019 edition of NFPA 72 Section 3.3.292.1) UL Listed? _____

_____ (Initial) Proprietary Supervision Station Service (2019 edition of NFPA 72 Section 3.3.292.2) UL Listed? _____

_____ (Initial) Remote Supervising Station Service (2019 edition of NFPA 72 Section 3.3.292.3) UL Listed? _____

Dispatchers on duty that answer/respond to fire alarm signals

Dayshift _____ (number of employees)

Mid-shift _____ (number of employees)

Night shift _____ (number of employees)

Dispatch direct phone number _____ Universal account access code _____ (optional)

5. Code Requirements and Disposition of Signals

The company and their employees acknowledge that they will comply with all adopted code within the Municipality of Anchorage and State of Alaska. All items must be initialed below.

_____(Initial) Compliance with 2018 International Fire Code, 2018 International Building Code and 2019 edition of NFPA 72.

_____(Initial) **Termination of monitoring service** for fire alarm systems required to be monitored by the 2018 edition International Fire Code and local amendments, notice shall be made to the fire code official whenever alarm monitoring services are terminated. Notice shall be made in writing by the provider of the monitoring service being terminated. (2018 IFC 901.9)

_____(Initial) All **Fire Alarm Signals** received by the supervising station shall be immediately retransmitted to the Anchorage Fire Department Communications Center at 907-565-1623. (2019 edition of NFPA 72 Chapter 26)

_____(Initial) All **Carbon Monoxide Alarm Signals** shall be immediately retransmitted to the Anchorage Fire Department Communications Center at 907-565-1623. (2019 edition of NFPA 72 Chapter 26)

_____(Initial) All **Carbon Monoxide Trouble Signals**. Upon receipt of a carbon monoxide trouble signal, the responsible party(s) shall be notified. (2019 edition of NFPA 72 Chapter 26)

_____(Initial) **Supervisory Signals** communicate immediately with the designated person(s) to ascertain the reason for the signal. (2019 edition of NFPA 72 Chapter 26)

- Notify Anchorage Fire Department by phone and in writing to the supervisory condition when the system has been out of service 8 hours or more.

_____(Initial) **Trouble Signals** communicate immediately with the designated person(s) to ascertain the reason for the signal. (2019 edition of NFPA 72 Chapter 26)

- Notify Anchorage Fire Department by phone and in writing to the trouble condition when the system has been out of service 8 hours or more.

6. Failure to dispatch

Failure to dispatch or delay response and notify the Anchorage Fire Department in accordance with this agreement may result in misdemeanor charges in accordance with State of Alaska and Anchorage Municipal Code (AMC) 8.20.035 failure to report a fire and AMC 8.30.010.a(7) delay of emergency services from being provided.

7. Fees

- Annual registration fee \$200.00 per year. Company will be billed by Anchorage Fire Department once approved.
 - A company that fails to register is subject to a \$1000.00 fine per AMC 10.75.010.C.3(a)

8. Authorized signatures

The people listed below are authorized by your company to sign licensing documents, including renewal applications, transfer applications, termination notices, and new applications.

Print name

Title

Signature

Date

Print name

Title

Signature

Date

9. Additional Documents and Information Required

- State of Alaska Business License
- State of Alaska Entity Number
- Certificate of General Liability Insurance
- UL Certificate or Standard Operating Procedure in compliance with 2019 edition of NFPA 72

10. Certification

- I authorize the Municipality of Anchorage or its representative to enter, examine, and inspect any premises, building, room, or establishment used by the company while engaged in the business to determine compliance with NFPA 72 as adopted and pay all inspection fees associated with the inspection including but not limited to labor and travel expenses, etc..
- I agree to provide monitoring logs as requested.
- I am familiar with and will comply with all the requirements of NFPA 72 as adopted by the Municipality of Anchorage and State of Alaska.
- I verify that the information on this application and its attachments are true and correct.
- I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be falsification of a governmental record, which is punishable under Anchorage Municipal Code 8.30.170.

_____	_____	_____
Print name	Title	Initials
_____	_____	
Signature	Date	

Important:

Depending on the type of company, applications must be signed by:

- An officer of a corporation.
- The sole proprietor.
- By each partner of a general partnership.
- The general partner of a limited liability partnership.
- By an officer or member of a limited liability company.

If a Partnership, complete the section below.

_____	_____	_____
Print name	Title	Initials
_____	_____	
Signature	Date	
_____	_____	_____
Print name	Title	Initials
_____	_____	
Signature	Date	

AFD Official Use Only

Registration: Approved or Disapproved (circle one) FIN # _____ Date: _____