



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal – Bureau of Fire Prevention*

**REPORT OF CHANGE OF ALARM SYSTEM SERVICE PROVIDER**

Current Service Provider's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Prior Service Provider's Legal Name: \_\_\_\_\_

Property Name: \_\_\_\_\_

Property 911 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Local 911 Dispatch # for property: \_\_\_\_\_

Local Authority Having Jurisdiction: \_\_\_\_\_

Previous Method of Fire System Monitoring:  Phone Lines  MFVN  AES Intellinet  
 Cellular  Local system  IP Communications  
 Other: \_\_\_\_\_

Type of Fire System Monitoring:  Remote Supervising Station  Proprietary Station  Central Station Service  
 Other: \_\_\_\_\_

New Method of Fire System Monitoring:  Phone Lines  MFVN  AES Intellinet  
 Cellular  Local system  IP Communications  
 Other: \_\_\_\_\_

**Service Provider Contact** (customer service primary contact):

Name: \_\_\_\_\_ Title(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Service Subscriber Contact:**

Name: \_\_\_\_\_ Title(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

A photo of installation or modification showing compliance with Rule 69A-48.006, Florida Administrative Code (F.A.C.), and the NFPA 72, as adopted in Rule 69A-3.012, F.A.C., is attached hereto.  Yes  No

A signal history report showing detail of communications to the new central station is attached hereto.  Yes  No

As of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the following existing fire alarm system has changed service providers for monitoring. The undersigned service provider has completed tested every aspect of the existing fire alarm system identified herein, and it is in compliance with all applicable federal, state, and local codes, ordinances, and statutes.

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Name & Title of person completing this form (please print)

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Date

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Signature

### **Instructions**

This form is to be completed by the new fire alarm monitoring service provider and submitted to the authority having jurisdiction over the property where the services are being provided within 48-hours of a change in service providers to the fire alarm monitoring service.