

**APPLICATION FOR UNIQUE REFERENCE NUMBER (URN) RC1A**

**Name** ……………………………………………………………………………………………………………………………………………………………

**Address** …………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………........................................................

Garda Sub-District within which the premises is located: ………………….…………………

***(You must phone station to confirm that the above Sub-District covers the premises***)

**Type of Premises**

Residential □ Business □

If Business What type of Business ………………………...................................................................

**Direction to premises from nearest Primary Road or other landmark**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..................................................................................

**RISK AND HAZARDS**

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

………………………………………………………………………………………………………………………...…………………………………………………………………………………….…………………………………...

**If there are any please state**

What measures have been taken to reduce such risks or hazards …………………………………………………………………………………………………………………....................................................................................................................................................................................................................................

As the person responsible at the premises indicated at above applying for a Unique Reference Number (URN). I undertake to ensure that one or other of my nominated key-holders will always turn out and will take responsibility for the premises. I accept that Key holder 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 it’s full potential without the assistance of a key holder

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there licensed firearms kept at the premises. …………….........................................................................

**To be filled out by Installer**

**InstallationCompany**…………………………………………………………………………………………………........................

**Certification Company**……………………………............ **Certification Number...........................................**

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 □

1. Visual inspection □

1. Audible inspection. □

4. Is there a maintenance process in place Yes □ No □

1. Is there a radio or cell phone backup ………………............................................................................

**Signed: …………………………………...................................................................................................**

***To Be filled by Monitoring Centre***

**Company**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Certification Company**…………………………….............. **Certification Number** ………………………………………

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

Yes or No (Please circle)

Signed …………………………………………………............................................................................

***To Be Filled out by An Garda Siochana***

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

Signed: Chief Superintendent ...................................................................................................