

# National Industrial Security Systems (CRZH)

## Alarm System Description

<input type="checkbox"/> New	<input type="checkbox"/> Replace Existing Certificate Serial No.	
<input type="checkbox"/> Replace Existing Certificate		
Alarm Company Name (ASC)*	File Number*	Service Center*
ASC Address*		

PARTICIPANT COMPANIES			
Protected Property*		Protected Property Address*	
City	State*	Zip Code*	—
Period of Issuance (1 to 5 years)			
from*	until*		
Property Company Authorized Representative*			Review Date*
Alarm Company Authorized Representative*			Review Date*
* Required fields			



### 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

<b>System Type*</b>	<b>Number of Systems</b>	<b>Extent of Protection</b>	
Closed Area	Not Applicable	3	5 (Prior approval is required)
Alarmed Room	Not Applicable	3	5 (Prior approval is required)
AA&E Storage Area	Not Applicable	2	3
Locking Bar Container		Complete	
Non-Standard Container		Complete	
AA&E Container		Complete	Partial
GSA Approved Container		Complete	
Vault		Complete	

### MONITORING

**Monitoring Location\***

**Central Station File Number\***

UL Listed Central Station (CPVX or UUFX)

UL Listed National Industrial Monitoring Station (CRZM)

**Service Center\***

UL Listed Residential Monitoring Station (CVSU)

UL Listed National Industrial Monitoring Station (CRZM)

UL Listed Residential Monitoring Station (CVSU)

## MONITORING - CONTINUED

### Monitoring Location Details

Location Name\*

Address\*

City

State\*

Zip Code\*

—

### Transmission to Monitoring Location

Primary Method\*

Secondary Method\*

Cellular Digital Alarm Communicator

Cellular Digital Alarm Communicator

Data Network (Prior approval is required)

Data Network (Prior approval is required)

Derived Channel

Derived Channel

Digital Alarm Communicator

Digital Alarm Communicator

Direct Wire

Direct Wire

Multiplex

Multiplex

Private Radio System (1-way)

Private Radio System (1-way)

Private Radio System (2-way)

Private Radio System (2-way)

Radio Network/Transport System (1-way)

Radio Network/Transport System (1-way)

Radio Network/Transport System (2-way)

Radio Network/Transport System (2-way)

Transmitter (McCulloh)

Transmitter (McCulloh)

None

Line Security Employed\*

Monitored Signals\*

Cellular Digital Alarm Communicator

Cellular Digital Alarm Communicator

Data Network (Prior approval is required)

Data Network (Prior approval is required)

(Prior approval is required. This choice is **only** applicable for a system connected to a Law Enforcement Agency)

**ADDITIONAL INFORMATION**

**Investigator\***

**Response Time Category**

Private Guard Company

5 minutes, applies to SAP or SCI systems

15 minutes

20 minutes\*\*

30 minutes\*\*

(\*\*Prior approval is required)

Government Contractor Investigator

5 minutes, applies to SAP or SCI systems

15 minutes

20 minutes\*\*

30 minutes\*\*

(\*\*Prior approval is required)

Law Enforcement Officer

Not Identified

(Prior approval is required)

Government Contractor Representative

60 minutes

(Prior approval is required)

**Investigator Name\*** (Do not complete if a Government Contractor Representative is the investigator)

**Address\***

City

State\*

Zip Code\*

—

**Control and Transmitter Unit**

Control Unit\*

Control Unit Model Number\*

Secondary Transmitter (If Applicable):

Secondary Transmitter Model Number:

Transmitter (Not connected to Control Unit):

Transmitter Model Number:

**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.

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

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

To email this form directly to UL, please be sure to download this document and open it with PDF editing software. By clicking "submit" you will have the ability to email your completed document to [UL.AlarmCertificateRequests@ul.com](mailto:UL.AlarmCertificateRequests@ul.com).