

# National Industrial Security Systems (CRZH)

## Alarm system description

<input type="checkbox"/> New	<b>Replace existing certificate serial number</b>	
<input type="checkbox"/> Replace existing certificate		
<b>Alarm company name (ASC)*</b>	<b>File number*</b>	<b>Service center*</b>
<b>ASC address*</b>		

### PARTICIPANT COMPANIES

<b>Protected property*</b>	<b>Protected property address*</b>	
<b>City</b>	<b>State*</b>	<b>ZIP Code*</b>
		-
<b>Certificate start date</b> (Certificates do not expire)		
from*		
<b>Property company authorized representative*</b>		<b>Review date*</b>
<b>Alarm company authorized representative*</b>		<b>Review date*</b>

\* 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

### System type\*

### Number of systems

### Extent of protection

<input type="checkbox"/> Closed area	Not applicable	<input type="checkbox"/> 3	<input type="checkbox"/> 5 (Prior approval is required)
<input type="checkbox"/> Alarmed room	Not applicable	<input type="checkbox"/> 3	<input type="checkbox"/> 5 (Prior approval is required)
<input type="checkbox"/> AA&E storage area	Not applicable	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> Locking bar container		<input type="checkbox"/> Complete	
<input type="checkbox"/> Non-standard container		<input type="checkbox"/> Complete	
<input type="checkbox"/> AA&E container		<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> GSA approved container		<input type="checkbox"/> Complete	
<input type="checkbox"/> Vault		<input type="checkbox"/> Complete	

## MONITORING

### Monitoring location\*

### Central station file number\*

UL Listed central station (CPVX or UUFY)

UL Listed national industrial monitoring station (CRZM)

### Service center\*

UL Listed residential monitoring station (CVSU)

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UL Listed national industrial monitoring station (CRZM)

UL Listed residential monitoring station (CVSU)

\* Required fields

## MONITORING – CONTINUED

### 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\*

- Cellular digital alarm communicator
- Data network (Prior approval is required)

### Monitored signals\*

- Cellular digital alarm communicator
- Data network (Prior approval is required)  
(Prior approval is required. This choice is **only** applicable for a system connected to a law enforcement agency)

\* Required fields

## 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  
(Prior approval is required)

Not identified

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Government contractor representative  
(Prior approval is required)

60 minutes

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

Address\*

City

State\*

ZIP Code\*

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### 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:

\* Required fields

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## COGNIZANT AGENCY/OFFICE

### Cognizant agency/office with jurisdiction

City

State\*

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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	
Line security	None	
Alarm transmission	Data network	
Monitored signals	Alarm and troubles	
Remote monitoring	Law enforcement	
Investigator	Law enforcement	
Investigator	Government contractor representative	
Response time	<input type="checkbox"/> 20 mins. <input type="checkbox"/> 30 mins.	

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

\* Required fields

To email this form directly to UL Solutions, 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).

