



Claremont Fire Department  
Fire Prevention Office  
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## Appendix D Municipal Fire Alarm Radio Box System Application for Installation Certification

Applicant Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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### Please provide the following information:

Are you an authorized AES equipment dealer? **Yes** **No**

- Attach a copy of your Certificate of Completion from AES IntelliNet training
- Attach documentation showing past experience with AES IntelliNet installation work. (Ex. of documentation include: material invoices from AES, invoices of completed work etc.)
- Attach a reference from an AES IntelliNet system administrator or contact person

This application and all required documentation should be submitted to Capt. Bryan Burr as listed above.

FOR DEPARTMENT USE ONLY			
Approved	Denied	By	Date