



Department Of Homeland Security
 U.S. Immigrations and Customs Enforcement
 Federal Protective Service
MegaCenter Alarm Requirements (MAR)

DATE:

Thank you for selecting the Federal Protective Service (FPS) as your alarm monitoring service provider. FPS maintains four Multi-Regional Emergency Management Control Centers (MegaCenters) across the country. The MegaCenters handle alarm monitoring and radio dispatch of Federal Protective Service Officers and Contract Guards for alarm response, criminal activities and emergencies on federally-owned properties and leased spaces. Additionally, the MegaCenters also notify local authorities; including law enforcement, emergency medical services and/or fire department, as designated by customer protocols.

Before system installation is complete, the installer/customer must complete this application and submit to the DHS/FPS MegaCenter to establish monitoring services. Please be sure to complete every item on the attached application to ensure proper setup of your alarm account. Failure to complete all sections will cause delays in setup. Please contact the Alarm Services Desk if you need additional assistance completing any parts of this document.

To better serve our customers, FPS maintains a standard equipment list that must be adhered to by all our monitored clients. Therefore, the MegaCenter will only accept commercially listed Ademco, Radionics, CADDx NX8E or DMP communicators. Proprietary panels will not be accepted due to the inability to provide adequate support.

Please fax or email the completed form to the Alarm Services Desk for the respective MegaCenter. Please allow 48 hours, or 2 full business days, for account setup. After setup is complete, contact the MegaCenter to schedule system testing along with an anticipated online date.

MEGACENTER INFORMATION: This list provides contact information and geographical responsibilities for each MegaCenter. If a customer or installer requires assistance, please contact the MegaCenter based on the geographic location of the installation.				
MegaCenter	Philadelphia	Battle Creek	Denver	Suitland
REGIONAL COVERAGE AREAS:	1, 2, 3	4, 5, 6	7, 8, 9, 10	11
GEOGRAPHICAL COVERAGE AREAS: (State Codes)	CT, DE, MA, MD, ME, NH, NJ, NY, PA, Puerto Rico, RI, VA, Virgin Islands, VT, WV,	AL, FL, GA, IA, IL, IN, KS, KY, MI, MN, MO, MS, NC, NE, OH, SC, TN, WI	AK, AR, AZ, CA, CO, Guam, HI, ID, LA, MT, ND, NM, NV, OK, OR, SD, TX, UT, WA, WY	MD (Metropolitan area), VA (Metropolitan area), Washington, DC
ALARM SERVICES DESK PHONE NUMBER:	877-526-5578	866-312-4004	888-511-5062	301-763-9523
ALARM SERVICES DESK EMAIL ADDRESS:	Philadelphia.Megacenter.AlarmServices@dhs.gov	BattleCreek.Megacenter.AlarmServices@dhs.gov	Denver.Megacenter.AlarmServices@dhs.gov	Suitland.Megacenter.AlarmServices@dhs.gov
FAX NUMBER:	215-521-2099	269-565-9545	303-236-2151	301-763-0060
EMERGENCY NUMBER:	1-877-4FPS411			

PLEASE NOTE THE FOLLOWING REQUIREMENTS

The installer must adhere to the FPS Design and Installation Standards to be considered complete. FPS CAN NOT release payment until every job is 100% completed, inspected and tested.

To better serve our customers, FPS maintains a standard equipment list that must be adhered to by all our monitored clients. Therefore, the MegaCenter will only accept commercially listed Ademco, Radionics, CADDx NX8E or DMP communicators. Proprietary panels will NOT be accepted. (For example, ADT has its own proprietary systems, such as Ademco 128BP/ADT) because we can't remotely program or troubleshoot them. The panel phone line must be on a dedicated phone line. Fax machines, answering machines, and other types of office automation devices cannot be on the alarm panel phone line.

The Installer/Alarm contractor **MUST** document the telephone number for the alarm panel and dialing prefix. Document the control panel manufacturer and model number. Do not change the default remote / on site access codes / data-lock codes: The MegaCenter will do this after programming.

When all the required information has been successfully completed, fax it to the proper MegaCenter. Due to the volume of requests, this information should be sent 48 hours or two full business days before a download is required. Emergencies will be accommodated on a case-by-case basis.

Once the MegaCenter receives the information, it will be entered into our computer databases. Contact the MegaCenter 24 hours prior to going on site to install the system. It is essential the MegaCenter has received all the required paperwork. (No accounts will be accepted prior to completion of this form.)

The Installer/Alarm Contractor shall completely install the security system. The liability of all installation and (100%) testing is the sole responsibility of the contractor/installer and this includes the proper functioning of the zones into the MegaCenter. The FPS MegaCenter will provide support for programming and troubleshooting, but this does not reduce any of the Installer/Alarm Contractor responsibilities. The Installer shall contact the MegaCenter Alarm Services Desk for programming standards. **If installation issues arise, the Installer/Alarm Contractor shall contact the equipment manufacturer's Technical Support for the system they are installing.** Once installation is completed, notify the MegaCenter that the panel is ready to be programmed. Local keypad programming will be locked out and all future programming issues will be handled through the MegaCenter. If the MegaCenter cannot connect to the panel—the panel will not be placed in service.

Once programming is complete, the **MegaCenter** will provide an account number for the project. This account number is not provided in advance. The Alarm Installer/Contractor will be responsible for calling the MegaCenter to place the system "on test". If this is not done, there is a risk a Federal or local Police Officer will be dispatched to the site under the assumption there is an intruder.

When the alarm system is completely installed and programmed, it must be fully tested **with the MegaCenter Alarm Services Desk** and the Installer/Alarm Contractor. If required by the contract for the installation, the Contractor must then schedule an inspection. Once this inspection is completed and the work determined satisfactory, (by someone other than the installer, i.e. FPS, COTR, or client agency) the MegaCenter can issue a test results report indicating all zones have been tested successfully to FPS, COTR, or client agency conducting the inspection as part of the package for final payment.

The Installer/Alarm Contractor is responsible for the installed equipment for one year. The MegaCenters can determine equipment status by remotely performing diagnostics with the programming software. The MegaCenter **MUST** be notified by the Agency or Installer/Alarm Contractor when properly taking the alarm service out of service or placing the system in test mode.

Any service changes needing to be made after the initial activation **MUST** be done with the MegaCenters knowledge. All changes must be submitted in writing and faxed or emailed prior to the work being performed to the MegaCenter. A Request for Change (RFC) form is available for updates/changes to the alarm system from the MegaCenter Alarm Services desk.

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SUBSCRIBER INFORMATION: Information about the customer agency subscribing to alarm monitoring and/or installation services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
FPS CONTACT: Contact information for the FPS representative responsible for this project.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
AUTHORIZED ACCOUNT CONTACTS: List of contacts authorized to perform specific functions regarding the alarm account.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
SYSTEM TEST AND ACTIVATION: Scheduled date and time for final testing of the alarm system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
MAINTENANCE SERVICES INFORMATION: Information regarding the company responsible for maintenance of the alarm system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
MONITORING SERVICES INFORMATION: Customer-specific information that details the required response actions by FPS while monitoring the alarm account.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
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ZONE / DEVICE INFORMATION: List of zones/devices included in the alarm system. Includes device inventory.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8
USER INFORMATION: List of users authorized to obtain access to the alarmed areas.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8
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FPS ACCOUNT NUMBER:

SUBSCRIBER INFORMATION

INSTRUCTIONS: Provide information pertaining to the customer of the alarm account.

AGENCY NAME:

AGENCY ADDRESS:

GSA BUILDING NUMBER (Alarm Location):

BUILDING NAME:

BUILDING ADDRESS (Include street address, city, state and zip):

SUITE/ROOM:

FLOOR:

**BUILDING MANAGER /
PROPERTY MANAGER:**

OFFICE PHONE:

CELL PHONE:

FAX:

EMAIL ADDRESS:

ACCOUNT PASSWORD:

The account password is used to verify a customer's legitimacy to be on the premises when the MegaCenter calls in response to alarm activations. The FPS account number AND password will be required when requesting alarm/account information or to place your account in an offline status. As a security measure, we recommended you change your account password on a regular basis.

FPS CONTACT

FPS INSPECTOR OR SECURITY SPECIALIST: List contact information for the FPS Inspector or Security Specialist assigned to this project.

NAME (PRIMARY):

OFFICE PHONE:

CELL PHONE:

FAX:

EMAIL ADDRESS:

AUTHORIZED ACCOUNT CONTACTS

AUTHORIZED SECURITY MANAGER: Contact authorized full authority to make changes to any part of the account.

NAME (PRIMARY):

OFFICE PHONE:

CELL PHONE:

FAX:

EMAIL ADDRESS:

NAME (ALTERNATE):

OFFICE PHONE:

CELL PHONE:

FAX:

EMAIL ADDRESS:

AUTHORIZED FUNDING OFFICIAL: Contact authorized to provide and approve funding requirements for monitoring and maintenance services.

NAME:

OFFICE PHONE:

CELL PHONE:

FAX:

EMAIL ADDRESS:

AUTHORIZED MAINTENANCE MGR: Contact authorized to coordinate and manage alarm system maintenance. Includes trouble alarms.

NAME:

OFFICE PHONE:

CELL PHONE:

FAX:

EMAIL ADDRESS:

SYSTEM TEST AND ACTIVATION

INSTRUCTIONS: Provide a scheduled test date. The system will not go online until a complete and thorough test is completed. The test should be coordinated with the installer on site and the MegaCenter. The MegaCenter will make every effort to meet the scheduled test date and time; however, re-scheduling may be necessary to accommodate testing parties.

SCHEDULED TEST DATE:

SCHEDULED TEST TIME:

MAINTENANCE SERVICES INFORMATION

INSTRUCTIONS: Provide the following information regarding the maintenance provider of the alarm system. List person FPS is to contact to coordinate maintenance/repair services under the authorized agency representative section – Maintenance Manager. If FPS will be your Maintenance Service Provider, complete and attach the Security Work Agreement.

MAINTENANCE PROVIDER COMPANY NAME:

MAINTENANCE PROVIDER COMPANY ADDRESS:

CONTACT PERSON:

CONTACT PHONE:

CONTACT FAX:

CONTACT EMAIL:

**IS THE FEDERAL PROTECTIVE SERVICE AUTHORIZED TO
CONTACT THE MAINTENANCE PROVIDER DIRECTLY FOR
REPAIRS OF THE ALARM SYSTEM ON THE AGENCY'S BEHALF**

YES

NO

**EMERGENCY
REPAIRS ONLY**

FPS SECURITY WORK AGREEMENT (SWA) NUMBER:

AGENCY WORK AUTHORIZATION NUMBER:

Emergency Notification List (ENL) Information:

The call-lists, shown below, determine when the MegaCenter will contact the site; **DURING** normal business hours (*Day*), and when to contact the designated agency person(s) **AFTER** normal business hours (*Evening*) for alarm activations.

During Business Hours Alarm Activations:

Business Hours:	<input type="checkbox"/> AM <input type="checkbox"/> PM	TO	<input type="checkbox"/> AM <input type="checkbox"/> PM
Work Days: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
Time Zone: <input type="checkbox"/> EST <input type="checkbox"/> CST <input type="checkbox"/> MST <input type="checkbox"/> PST			

If the alarm system sends a signal during normal business hours as described above, please outline the order in which phone numbers should be called.

******PREMISES NUMBER MUST BE ON THE BUSINESS HOURS CALL LIST.******

DO NOT DISPATCH AUTHORITIES DURING BUSINESS HOURS UNLESS SOMEONE FROM CALL LIST IS CONTACTED FIRST.

Each phone number must be unique

Call Order	Contact Person	Business Hours Telephone Numbers
1	Premises Number	
	Security Guard	
	Local Police 24 hour dispatch (NOT 911)	
	Federal Police Officer	

After Business Hours, Weekend & Holiday Alarm Activations:

When an alarm is received outside business hours, and either an incorrect or no password is received, please outline the order in which phone numbers should be called.

******LOCAL POLICE MUST BE ON THE AFTER HOURS CALL LIST.******

Local Police 24 hour dispatch (NOT 911) Telephone Number:		Called – <u>First</u> <input type="checkbox"/> <u>Last</u> <input type="checkbox"/>
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Each phone number must be unique and **there must be at least one land line**

	Contact Person	After Hour Numbers	Home - Cell - Pager
1			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

GSA BUILDING NUMBER (Alarm Location):		BUILDING NAME:	
BUILDING ADDRESS (Include street address, city, state and zip):		SUITE/ROOM:	FLOOR:

INSTALLER INFORMATION

INSTRUCTIONS: Provide information pertaining to the company providing installation services of the alarm system.

COMPANY NAME:		STREET ADDRESS:		CITY:
STATE:	ZIP CODE:	OFFICE PHONE:		OFFICE FAX:
SERVICE MANAGER NAME:		SERVICE MANAGER PHONE:	SERVICE MANAGER EMAIL:	
TECHNICIAN NAME:		TECHNICIAN PHONE:		

ALARM SYSTEM INFORMATION

NEW FPS ACCOUNT #:		EXISTING OR TEMPORARY ACCOUNT #:	
ALARM SYSTEM STATUS: (Check One)	<input type="checkbox"/> NEW	<input type="checkbox"/> UPGRADE	<input type="checkbox"/> RELOCATION
ALARM SYSTEM TYPE: (Check One)	<input type="checkbox"/> INTRUSION	<input type="checkbox"/> DURESS	<input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> FIRE
ALARM PANEL TYPE: (Include Model Number)	<input type="checkbox"/> ADEMCO	<input type="checkbox"/> CADDX	<input type="checkbox"/> DMP <input type="checkbox"/> RADIONICS
PANEL PHONE NUMBER: (Include dial prefix when needed)		LOCATION OF PANEL:	
NOTE: This panel phone line MUST be designated solely for alarm monitoring purposes. For internet monitoring, IP addresses must be static and designated solely for alarm monitoring purposes.		SUBSCRIBER I.T. SPECIALIST NAME AND PHONE NUMBER:	
NETWORK INTERFACE MODULE TYPE:		LOCATION OF POWER TRANSFORMER:	
DEVICE IP ADDRESS (MUST BE STATIC):	MAC ADDRESS:	TYPE AND LOCATION OF ELECTRICAL PANEL OR BREAKER:	
NAT'ed IP ADDRESS (if available):		RAM DATA LOCK CODE, OR CSID (MUST BE DEFAULT OR ENTER HERE):	

PARTITION INFORMATION

INSTRUCTIONS: List information regarding other partitioned areas. Include Account No. (if known) for each area along with the location.

AREA	ACCOUNT NO.	DESCRIPTION OF AREA (Include Location)
1		
2		
3		
4		
5		
6		
7		
8		

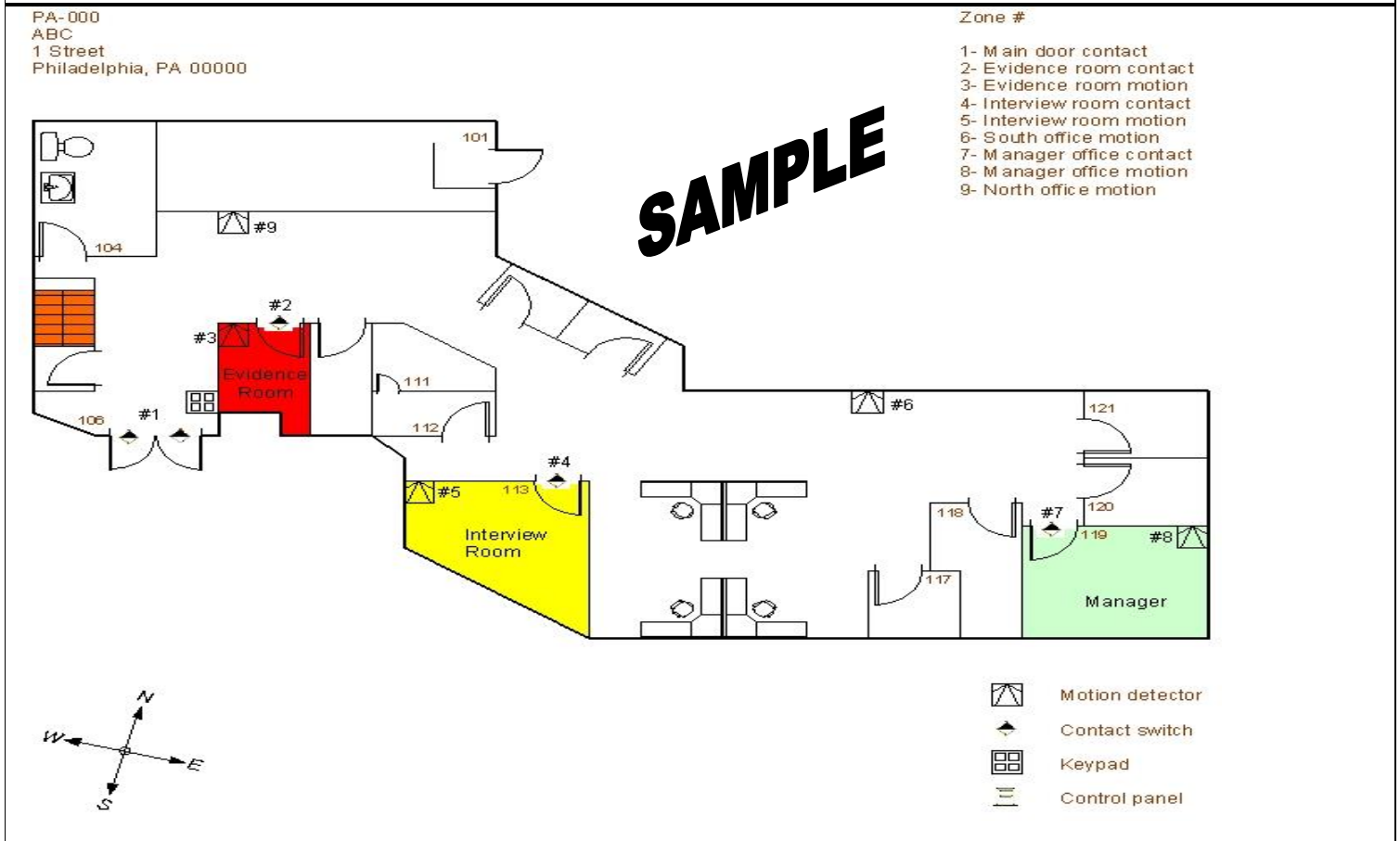
KEYPAD INFORMATION

INSTRUCTIONS: List the manufacturer, model and serial number for each keypad attached to the system.

ID	AREA NO.	AUDIBLE (Y or N)	LOCATION	MANUF.	MODEL NO.	SERIAL NO.

FLOOR PLAN INSTRUCTIONS

INSTRUCTIONS: Provide a clean reproducible copy of building or office area floor plan(s), showing all devices, zones and point IDs. These plans will be scanned into our alarm automation software to assist the responding agency with locating the exact area of the alarm. If possible, we would prefer the above requested drawings or plans in automated format. AutoCAD files are preferred but .PCX, .BMP or .JPG formats are acceptable. **SEE SAMPLE DRAWING.**



ZONE/DEVICE INFORMATION

INSTRUCTIONS: List information regarding all alarmed devices (zones). List the manufacturer, model and serial number for each type of device installed. Identify the zone and/or area it is attached to. Provide a zone description that can be used when reporting an alarm condition to a responding authority. Only one device can be used per zone. **FAILURE TO COMPLETE THIS SECTION WILL DELAY ACTIVATION OF THIS ACCOUNT. (Duplicate form to add additional zones.)**

ZONE NO.	AREA/PARTI	DEVICE TYPE	ZONE DESC (Include Location)	MANUF.	MODEL NO.	SERIAL NO.

USER INFORMATION

INSTRUCTIONS: List persons designated as authorized users of the system. Each user should be assigned a passcode and authority level. The user passcode is typically a four digit number. The authority level limits the user to specific functions. Do not complete user number, FPS will assign during system programming. **FAILURE TO COMPLETE THIS SECTION WILL DELAY ACTIVATION OF THIS ACCOUNT.** (Duplicate form to add additional users.)

USER NO. (FPS USE ONLY)	USER NAME	PASSCODE / CARD ACCESS #	AUTHORITY LEVEL	AREAS ASSIGNED