APPENDIX B

**APPLICATION TO BE ACCEPTED ON POLICE LIST OF COMPLIANT COMPANIES/POLICE REQUIREMENTS DOCUMENT**

**This form must be signed by an authorised person at the company head office.**

You must be registered with your Home Force where your main office/headquarters is situated **before** applying to other police forces for inclusion on their List of Compliant Security Companies.

Insert Name of Home Force registered with ……..………………….…………………………

Legal Entity Name……………………………………………………………………………………………….

Trading Name………………………………………………………………………………………………………

Companies House Registration…………………………………………………………………………..

Registered Office…………………………………………………………………………………………………

………………………………………………………………………………………………………………………………

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

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

I have read the (\*NAME OF FORCE) Constabulary Security Systems Requirements. I agree to comply with every requirement of these documents.

I acknowledge that failure to comply will result in my company no longer being accepted by the (\*NAME OF FORCE) Police or being included on the (\*NAME OF FORCE) Police list of compliant companies.

I am authorised to sign this document on behalf of....................................

(name of company)

Position in Company …………….………………………….

My company is inspected by……………… for the following types of security systems …………………………………………………… (Copy of certificate to be enclosed).

**This is a living document and may be subject to annual amendment. It is your responsibility to ensure that your company is aware of these amendments. The document is available on the Secured By Design website (**[**www.securedbydesign.com**](http://www.securedbydesign.com)**).**

Signature...........................................

Title:-Mr/Mrs/Ms/Miss/other…………………..

Print Full Name.....…............................

Date...................................

Trading Address………………………………………………………………………………………

.........................................................Post Code..........................

Telephone Number .......................................

Email for correspondence ....................................................................

Email for invoicing ...............................................................................

Our Alarm Receiving Centre(s)

(i) Name ……………………………………………………………………..……………………………….

Telephone Number ……………………………………………(for police operational use)

(ii) Name …………………………………………………………………………………….……………….

Telephone Number……………………………………………(for police operational use)

NB \* NAME OF FORCE refers to the constabulary to whom you are submitting this document.

**Please Return to:-**Alarms Administrator, (name of Force) Police Headquarters, Address

Data Protection Act 1998 and from May 2018 the Data Protection Act 2018 and the General Data Protection Regulation

Personal data supplied on this form may be held on, and/or verified by reference to information already held on computer.