

01 CTC Security Pre-programming form	Programming form	
Phone: 1300552282 Email: info@ctccommunications.com.au Web: www.ctcsecurity.com.au		

NAME:	
ADDRESS :	
SUBURB:	POST CODE:
Order/Invoice Number :	
EMAIL: _____	Contact Mobile number
SMS Numbers	Panel type
NAME	MOBILE PHONE

PANEL INFORMATION

ZONE	DESCRIPTION	TYPE (PIR/Reeds)	Zones armed at night	Delay Zones Please insert "D" For delay
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Alarm Programming Form

16				
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SPECIAL INSTRUCTIONS:	
Delay time for activations of areas. Standard or customised	
Master Code 4 digit Please advise what you would like it to be	
Installer Code 4 digit Please advise what you would like it to be (not the same as Master code)	
Sim card provider	
Siren squawk when arming with remotes	Yes/No
Strobe flash when arming with remotes	Yes No
CUSTOMER SIGNATURE:	DATE:

Document Control Reviewed By:

Name: _____

Signed: _____

Date: _____