Phone: 1300552282 Email: info@ctccommunications.com.au Web: www.ctcsecurity.com.au

NAME:						
ADDRESS :						
SUBURB:			POST CODE:			
Order/Invoice Num	ber :					
EMAIL:			ontact	Mo	bile number	
SMS Numbers		Panel ty	ype			
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

Document Name:	Version	Revision	Authored By	Reviewed By	Approved By	Effective Date	Page No.
01 CTC Security Pre-programming form	1	А	Graham Hand	Sean Rowan	Graham Hand	July 9th 2015	1 of 2

Created on 19/09/2022 11:32 AM

01 CTC Security Preprogramming form

Programming form

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16		

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
Ctrobe flack when arming with remotes	Yes No
Strobe flash when arming with remotes	res no
CUSTOMER SIGNATURE:	DATE:

	Document Control Reviewed	By:
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Signed: _____

Date: _____

Document Name:	Version	Revision	Authored By	Reviewed By	Approved By	Effective Date	Page No.
01 CTC Security Pre-programming form	1	А	Graham Hand	Sean Rowan	Graham Hand	July 9th 2015	2 of 2

Created on 19/09/2022 11:32 AM