



APPLICATION FOR BUILDING FIRE SAFETY REPORT

Completed form and supporting documentation to be emailed to fire.safety@nt.gov.au

* Area/Lot Number: /

Applicant to complete this section			
Details of Applicant			
Name of Applicant: *			
Email Address *:			
Premises Name:			
Premises Address: *			
Building/Tenancy No:			
Details of Certifier			
Name *:		Company: *	
Address:			
Phone Number: *		Email Address: *	
Quote to be issued to *: <input type="checkbox"/> Certifier <input type="checkbox"/> Applicant (a quote will be sent to the person indicated here, correct email address must be provided. If applicant details are not provided, the quote will be sent to the Certifier)			
Details of Proposed Works: *			
Building Classification *:		Area (m ²) *:	
NTPFRS to complete this section			
Date Received:		Report Number:	
Date Payment Received:		Date Completion Required:	
Date Completed:		Date Issued:	

Payment is required at time of application. Please arrange payment by debit/credit card between 8 am and 4 pm Monday to Friday in person at our office at 1st Floor, Darwin Fire Station, 32 Iliffe Street, Woolner, by phone on 8995 5400 or by cheque made out to RTM – NTPFES. * denotes mandatory field