



APPLICATION FOR PUBLIC WORKS CONTRACTOR REGISTRATION

Registration Information

Type: Public Works

Period: 07/01/2024 06/30/2026

Contractor Information

Contractor Name: FIRST TRUST ALARM COMPANY, INC.

Trade Name:

License Type Number: PW-LR-1000374775

Contractor Physical Address

Physical Business Country: United States of America

Physical Business City/ Province: HOLLISTER

Physical Business Address: 400 PARK CENTER DR., SUITE

Physical Business State: CA

Physical Business Postal Code: 95023

Contractor Mailing Address

Mailing Country: United States of America

Mailing City /Province: HOLLISTER

Mailing Address: P.O. BOX 765

Mailing State: CA

Mailing Postal Code: 95024

Contact Info

Daytime Phone:

Daytime Phone Ext.:

Mobile Phone:

Business Email: melissa@firsttrustalarm.net

Applicant's Email: melissa@firsttrustalarm.net

Workers' Compensation

Professional Employer Organization (PEO)

Do you lease employees through Professional Employer Organization? No

Workers' Compensation Overview

Carrier: THE CINCINNATI INDEMNITY CO. Inception Date: 01/01/2024
Policyholder Name: MARSH & MCLEANNA AGENCY LLC Expiration Date: January 1, 2025
Policy Number: EWC0673412

Certification

- Yes I certify that I do not have any delinquent liability to an employee or the state for any assessment of back wages or related damages, interest, fines, or penalties pursuant to any final judgment, order, or determination by a court or any federal, state, or local administrative agency, including a confirmed arbitration award
- Yes I certify that the contractor is not currently debarred under Section 1777.1 or under any other federal or state law providing for the debarment of contractors from public works.
- Yes I certify that one of the following is true: (1) I am licensed by the Contractors State License Board (CSLB) in accordance with Chapter 9 (commencing with Section 7000) of the Business and Professions Code; or (2) my business or trade is not subject to licensing by the CSLB.
- I understand refunds are not authorized

I, MELISSA TORRECILLAS, the undersigned, am , FIRST TRUST ALARM COMPANY, INC. with the authority to act for and on behalf of the above named contractor. I certify under penalty of perjury that all of the above information provided is true and correct. I further acknowledge that any untruthful information provided in this application could result in the certification being canceled.

I certify this on: 1:14 PM

Legal Entity Information

Legal Entity Type: Corporation

Name: FIRST TRUST ALARM COMPANY, INC.