

ONLINE PROGRAM QUICK TIPS FOR LISTED AGENTS

When registering your account, you have 2 options to consider:

1. You can choose to put a specific individual's name in the personal details section of your account registration, or;
2. Register as a Company, for instance Office Manager as your personal detail. Then below that section of the registration you would record all your Company info.

The most important thing to consider IF creating a company account is that you want to put thought into what your username/email/password will be so that it can be accessed within your office if you have staff changes or delegate the task to another member 😊

Personal Details:

First and Last Name:	License Type: (If applicable) SELECT	Lic #:	**Expiration Date:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Business Name:			
** Address			
<input type="text"/>			
** City:	** State:	** Zip:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
** Phone Number:	Alt. Phone Number:	** Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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*****If this is your first time listing in the Town of Derry*****

you can follow the link below to take the required exam for **new listings only:**

https://www.derrynh.org/sites/g/files/vyhlf3026/f/uploads/listed_agent_program.pdf

A passing test score must be achieved before an application will be processed

DERRY FIRE DEPARTMENT
Fire Prevention Division, 14 Mannin
Derry, New Hampshire 0303
Phone: 603-432-6751 Fax: 603-53

CLICK HERE TO APPLY!

APPLY FOR NEW PERMIT | Edit Profile | Change Password | Logout

Application Date (mm/dd/yyyy) To

Permit Type --Select Permit Type--

New Application Registration

Applications will not be processed or looked at until payment is made.

Select Street Name No Street Address / New Owner
Listed Agent from Outside Derry

Page will refresh after selecting street name

Select Street No

SELECT THE LISTED AGENT BUTTON

New Application Registration

Please Note : Applications will not be processed or looked at until payment is made.

** Street Name

** Street No.

OWNER Name

Address

State

Zip

APPLICANT

** Name

** Telephone

** E-mail

Date Of Application

** Type of Application

NOTE: ** Indicates Mandatory Field

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PLACE AN 'X' IN THE STREET NAME AND STREET NO. FIELDS

FINALLY SELECT THE 'LISTED FIRE ALARM AGENT' FROM THE DROP DOWN AND PROCEED TO THE APPLICATION