

State of Delaware
Office of the State Fire Marshal
1537 Chestnut Grove Road, Dover, DE 19904-1544
Phone (302) 739-4394 / Fax (302) 739-3696
www.statefiremarshal.delaware.gov

APPLICATION FOR FIRE EXTINGUISHER LICENSE

1 Applicant				2 Company (if applicable)				
Name:				Name:				
Address:				Address:				
City:				City:				
State:		Zip:		State:		Zip:		
Phone:				Phone:			Fax:	
E-mail:				E-mail:				
Date of Birth:								
Existing FEL License Number (if applicable):				<input type="checkbox"/> Check if Self-Employed				

3 Please provide the following:	
1	If you are not a citizen of the United States of America you must provide paperwork that entitles you to work in the United States of America
2	Proof of your age. (Photo copy of your birth certificate or State Driver's License)
3	Complete this application and provide a \$50.00 fee. Make check payable to the State of Delaware
4	Successfully pass Fire Extinguisher exam
5	Signature at the bottom of this page

Signature

Date Signed

For Office Use Only:

_____ Check Number _____ Date _____ Amount _____ FEL Number _____ Date Issued