

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

Application for In-House Fire Suppression System Certificate (Class VIIIa & VIIIb)

1 Applicant				2 Company			
Name:				Name:			
Address:				Address:			
City:				City:			
State:		Zip:		State:		Zip:	
Phone:				Phone:		Fax:	
E-mail:				E-mail:			
Date of Birth:				FMO License Number:	ILS-		

3 Check off systems you will inspect, test, and maintain.

	Test	Inspect	Maintain
<input type="checkbox"/> Sprinkler and Standpipe Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CO2 Engineered Fire Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clean Agent Engineered Fire Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foam Engineered Fire Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dry Chemical Engineered Fire Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water Mist Engineered Fire Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sprinkler Systems in One- and Two-Family Dwellings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 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 \$25.00 Certificate fee. Make check payable to the State of Delaware
- 4** Provide documentation that you are a full-time employee of the In-House Fire Suppression Company. (letter on company letterhead, signed and dated, from authority stating you are a full-time employee)
- 5** Provide official documentation which shows that you have successfully completed the examinations prescribed by the State Fire Prevention Commission or are a Registered Delaware Professional Engineer.
- 6** Signature at the bottom of this page.

5 Limitations

A certificate holder may only perform the functions for which they hold a certificate. The authority of the certificate holder on behalf of the company shall cease immediately upon termination of the certificate holder's relationship with the company or upon expiration of the certificate held by the certificate holder. The certificate holder and the company are each required to notify the State Fire Marshal in writing within **five (5)** business days of the termination of the relationship between them. Upon the expiration of the current license or within six months (whichever occurs last) if the company does not have another certificate holder on its staff, the State Fire Marshal shall terminate the company's license.

Signature	Date Signed

For Office Use Only:

Check Number _____ **Date** _____ **Amount** _____ **Cert. Number** _____ **Date Issued** _____
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