

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 FIRE EXTINGUISHER LICENSE

| <i>1 Applicant</i> | | | | <i>2 Company (if applicable)</i> | | | |
|--|--|------|--|---|--|------|--|
| 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 | | | |

| <i>3 Please provide the following:</i> | |
|--|---|
| 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