

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 SUPPRESSION SYSTEMS CERTIFICATE

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:		FSL-	

3 Certificate(s) Check off certificates you are applying for:

I – All types of Fire Suppression Systems under Certificate II, IIIa, IIIb, IIIc, IIIId, IV and VIb

II – Limited to installation and maintenance of Sprinkler and Standpipe Systems

IIIa – Limited to engineered CO2 Fire Suppression Systems

IIIb – Limited to engineered Clean Agent Fire Suppression Systems

IIIc – Limited to engineered foam Fire Suppression Systems

IIIId – Limited to engineered dry chemical Fire Suppression Systems

IIIe – Limited to engineered water mist Fire Suppression Systems

IV – Limited to Fire Suppression Systems in one and two family homes and/or mobile homes

VIa – Limited to testing and inspection of water-based fire suppression systems

VIb – Limited to testing, inspection and maintenance of non-water based fire suppression systems

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 Fire Suppression Company
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. Read the Limitations section and sign 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 separation** 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 separation between them. Upon the expiration of the current license or within six months (whichever occurs last) if the company has not obtained a 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 _____	FSC Number _____
	Date Issued _____