

OFFICE OF THE STATE FIRE MARSHAL  
1537 CHESTNUT GROVE ROAD  
DOVER, DE 19904-1544  
Phone (302) 739-4394 / Fax (302) 739-3696



**IN-HOUSE FIRE PROTECTION SYSTEMS LICENSE APPLICATION**  
**FIRE SUPPRESSION**

DATE \_\_\_\_\_

Company Name \_\_\_\_\_

Site/Location \_\_\_\_\_

Full Business Address \_\_\_\_\_

Telephone # \_\_\_\_\_ FAX # \_\_\_\_\_

E mail \_\_\_\_\_

Name of Certificate Holder(s) \_\_\_\_\_

Delaware Association/Professional Engineers Registration # \_\_\_\_\_

**CHECK BLOCKS OF SYSTEMS THAT YOU WISH TO TEST, INSPECT AND MAINTAIN**

**FIRE SUPPRESSION SYSTEM**

<b>TYPE OF SYSTEM</b>	<b>INSPECT</b>	<b>TEST</b>	<b>MAINTAIN</b>
SPRINKLER & STANDPIPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CO2 ENGINEERED SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLEAN AGENT ENGINEERED SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOAM ENGINEERED SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRY CHEMICAL ENGINEERED SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER MIST ENGINEERED SYSTEM	<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"/>

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Refer to Delaware State Fire Prevention Regulations 703, Chapter 6 for Fire Alarm and 703, Chapter 7 for Fire Suppression License Requirements.**

- The in-house licensee must maintain a current business address within the United States of America.
- The in-house licensee must make application to the Office of State Fire Marshal, and meet the requirements of the Delaware State Fire Prevention Regulations.
- Appropriate fees must be submitted at time of application (see Appendix E)
- The in-house licensee must hold a current State of Delaware Business License and be registered with the Secretary of State.
- The in-house licensee must provide a Certificate of Insurance for Liability and Workman's Compensation with a ten (10) day prior written cancellation notice. Liability insurance coverage of not less than \$250,000 per person minimum and \$500,000 per accident minimum. For in-house licensees that are self-insured, an affidavit to that fact must be filed with the Office of State Fire Marshal stating the conditions for self-insurance.
- A list of certificate holders (or those expected to become certificate holders) including certificate number and the category(s) in which they are certified.
- The in-house licensee's certificate holder must make application to the Office of State Fire Marshal.

If you should have any questions, please feel free to contact Office of the State Fire Marshal, License Division at (302) 739-4394.