

OFFICE OF STATE FIRE MARSHAL



Delaware Fire Service Center
1537 Chestnut Grove Road
Dover, DE 19904-1544

LICENSING DIVISION
Phone (302)739-4394 Fax (302)739-3696

**APPLICATION FOR FIRE ALARM SIGNALING SYSTEMS AND/OR
FIRE SUPPRESSION SYSTEMS LICENSE**

TYPE OF LICENSE BEING APPLIED FOR:

____ Fire Alarm Signaling Systems
____ Fire Suppression Systems

DATE

NAME OF COMPANY: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL: _____

WEB SITE: _____

INDIVIDUAL PARTNERSHIP CORPORATION OTHER

OWNER(S), PARTNERS, OR PRINCIPAL CORPORATE OFFICERS:

NAME	RESIDENCE ADDRESS	BUSINESS ADDRESS	TELEPHONE NUMBER	TITLE

DATE BUSINESS STARTED OR ANTICIPATED START UP DATE OF BUSINESS: _____

HAVE YOU EVER PERFORMED WORK OF THE NATURE COVERED BY THIS LICENSE APPLICATION? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN ANY JURISDICTION? _____ (IF YES, LIST FULL DETAILS INDICATING NAME, DATE OF BIRTH, DATE OF OFFENSE, NATURE OF THE OFFENSE, COURT, CHARGE, AND DISPOSITION ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.)

HAVE YOU EVER BEEN DENIED ANY LICENSE OR PERMIT TO ENGAGE IN SYSTEMS WORK IN ANY JURISDICTION OR EVER HAD ANY LICENSE OR PERMIT REVOKED OR SUSPENDED? _____ (IF YES, GIVE COMPLETE, SPECIFIC DETAILS ON A SEPARATE SHEET AND ATTACH)

PAGE 2 – APPLICATION FOR FIRE ALARM SIGNALING OR FIRE SUPPRESSION SYSTEMS LICENSE

THE FOLLOWING INFORMATION MUST BE SUBMITTED AS A PART OF THE APPLICATION: (which is fully incorporated herein by reference)

- ◆ **The company must maintain a CURRENT BUSINESS ADDRESS within the United States of America.** Refer to the State Fire Prevention Regulations (SFPR), Regulation 703, Chapter 4 (Fire Alarm) or Chapter 5 (Fire Suppression)
- ◆ **The company must make APPLICATION to the Office of State Fire Marshal and pay the appropriate FEES of \$25.00 per company license and \$25.00 per certificate holder.** Refer to the SFPR, Regulation 703, Chapter 4 (Fire Alarm) or Chapter 5 (Fire Suppression) and Appendix E.
- ◆ **A list of CERTIFICATE HOLDER(s) including Certificate Number and the category(s) certified in. The company must employ, full-time, a certificate holder certified in the types of work to be performed by the company.** Refer to the SFPR, Regulation 703, Chapter 4 (Fire Alarm) or Chapter 5 (Fire Suppression)
- ◆ **The company must hold a current STATE OF DELAWARE BUSINESS LICENSE.** Refer to the SFPR, Regulation 703, Chapter 4 (Fire Alarm) or Chapter 5 (Fire Suppression)
- ◆ **The company must provide a CERTIFICATE OF INSURANCE for General Liability and proof of Delaware Workman’s Compensation with 10 days prior written cancellation notice. Liability insurance coverage of not less than \$250,000 per person minimum and \$500,000 per accident minimum.** Refer to SFPR, Regulation 703, Chapter 4 (Fire Alarm) or Chapter 5 (Fire Suppression)

NOTE: Your application will be returned unprocessed if all information requested is not included.

AUTHORIZATION TO RELEASE INFORMATION TO CONTRIBUTOR

As an application for a systems license, I am required to furnish information for use in determining my moral and professional qualifications. In this connection I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

DATE: _____ SIGNED _____

Subscribed and Sworn to before me this _____ day of _____, 20____

Notary Public

Address

OFFICE OF STATE FIRE MARSHAL-LICENSING DIVISION
1537 CHESTNUT GROVE ROAD, DOVER, DE 19904-1544

DESCRIPTION OF WORK INTENDED TO BE PERFORMED UNDER THIS APPLICATION

NAME OF COMPANY: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL: _____

WEB SITE: _____

Check left hand block for systems you work with. Also please enter estimated percentages of work within that system in individual blocks to right of type.

TYPE OF SYSTEM	DRAWINGS	INSTALL	INSPECT	MAINTAIN
IIa -Proprietary				
IIb -Emergency Voice				
IIc -Emergency and Stand-by Power				
III -Central Station				
IVa -Local Alarm				
IVb -Auxiliary Alarm				
IVc -Remote Alarm				
Va -Household Fire Warning				
Vb -Single Station Fire Alarm				
VII -Installation, only, of all Fire Alarm Signaling systems				
II -Sprinkler & Standpipe				
IIIa -CO2 Engineered System				
IIIb -Clean Agent Systems				
IIIc -Foam Eng. Systems				
IIId -Dry Chemical Eng. Sys.				
IIIe -Water Mist Eng. Sys.				
IV -1&2 Family Dwelling Suppression Systems				
Va -CO2 Pre-Engineered Sys.				
Vb -Clean Agent Pre-Engineered Sys.				
Vc -Foam Pre-Engineered Sys.				
Vd -Dry Chemical Pre-Engineered				
Ve -Wet Chemical Pre-Engineered				
Vf -Water Mist Pre-Engineered				
VIa - Testing and Inspection of Water-Based Fire Suppression Systems				
VIb - Test, Inspect, Maintain Non Water-Based Fire Suppression Systems/ Maintain Water-Based Systems				
Total each column can equal	100%	100%	100%	100%

AFFIRMATION

BE IT REMEMBERED that on this _____ day of _____, 20__ the undersigned (personally known to me) appeared before me, a Notary Public and affirmed that:

1. In the event of any change in business address, he/she will notify the State Fire Marshal within fourteen (14) days.
2. All insurance certificates shall remain current and in force unless the insurer has terminated future liability by a ten (10) days notice to the State Fire Marshal.
3. In the event of separation of the Certificate Holder, he/she will notify the State Fire Marshal within five (5) business days.
4. He/she will abide by all the laws, rules, and regulations concerning this license.
5. All information on this application and all statements made to procure a license are accurate and correct.

IN WITNESS WHEREOF the undersigned has set his/her hand and seal the date first above written.

Name

Title

State of _____
County of _____

SWORN BEFORE ME on the above date.

NOTARY PUBLIC