SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 620, West Tower, Atlanta, GA 30334

Phone: 404-656-2064

www.oci.ga.gov

APPLICATION FOR INSPECTOR WATER BASED FIRE PROTECTION SPRINKLER LICENSE

ENGINEERING

GID-224A-SF MAY10

Original Application	☐	$100.00 License Fee & $75.00 Filing	Change Application	☐
		Application/License Year		

In compliance with O.C.G.A Title 25 Chapter 11, I hereby request to be issued an inspectors license upon verification of the following:

Enclosed the following with this application:

Fees:

Original application nonrefundable license fee plus filing fee = $100.00 + $75.00=$175.00

Documents:

Copy of company general liability insurance certificate with $1,000,000.00 property & personal injury coverage
Current resume
Current copy of NICET certificate showing level and expiration date

ADDRESS TO REMIT BY MAIL:

Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136

ADDRESS TO REMIT BY COURIER:

Wachovia Bank, Georgia Dept. of Insurance- Fire Safety Division, Lockbox 935136, 3585 Atlanta Ave, Hapeville, GA 30354

I intend to engage in the inspection of water based fire protection systems with the employer listed below.

Applicant											
Name of Applicant								SSN			
Home Address						Email Address				DOB	
City		State		Zip		Phone		Cell Phone			
N.I.C.E.T No.						N.I.C.E.T No. Expiration Date					

Business											
Name of Business (If DBA enclose copy of registration)											
Physical Address						Mailing Address					
City		State		Zip		City		State		Zip	
Business Phone						Business Fax No.					

I swear or affirm to the best of my knowledge and belief herein in this Application is true and complete and is subject to verification.

Applicant's Signature	Printed Name

NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____. _____ (Notary Public) _____ (My Commission Expires)	(Seal)

This office does not discriminate by race, color, national origin, sex, religion, age or disability in employment, programs o r services. Disabled persons needing this document in another format can contact the ADA Coordinator for this office at No. 2 Ma rtin Luther King Jr., Dr., Suite 620, Atlanta, GA 30334 - Phone 404-656-2056.

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CERTIFICATION OF EMPLOYER WATER BASED FIRE PROTECTION SPRINKLER INSPECTOR LICENSE

ENGINEERING

GID-224B-SF MAY10

Business License No. _____

This is to certify that _____ is presently employed
(Name of Applicant)

with _____
(Name of Company)

In the capacity of INSPECTOR and who's N.I.C.E.T. certification number is _____ with the

expiration date of _____ or has passed the NICET Inspections and Testing of Water-Based Sprinkler Systems is authorized to act for the business in all matters pertaining to inspections of water-based fire protection systems. I understand any information provided on this form or the attached application is subject to verification and is true and complete.

I, _____ _____ _____ with
(Name of Company Official or Manager) (Title)

_____ do hereby
(Name of Business)

I swear or affirm to the best of my knowledge and belief herein in this Application is true and complete and is subject to verification.

Signature of Employer	Signature of Applicant

NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____. _____ (Notary Public) _____ (My Commission Expires)	(Seal)

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