



SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

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Phone: 404-656-2064 ♦ E-mail: SFMLicense@sfm.ga.gov



www.oci.ga.gov

**FIRE SAFETY
ENGINEERING INSPECTIONS**

GID-226-SF JAN2016

ENGINEERING FIRE SUPPRESSION SYSTEM LICENSE APPLICATION

In compliance with O.C.G.A. Title 25 Chapter 12, I hereby request a Portable Fire Extinguisher License by the Georgia Safety Fire Commissioner. I intend to engage in one or all of the following: installation, inspection, recharging, repair, servicing and testing of Portable Fire Extinguishers. I agree to notify the commissioner, in writing, within five (5) days of any change in information concerning my business provided in this application as required by law. I understand I must meet the requirements of the Rules and Regulations §120-3-23.04 for a license.

Enclose a non-refundable fifty dollars (\$50.00) company check or money order made payable to the State Fire Marshal's Office (personal checks are not acceptable) for Filing Fees and an additional non-refundable fifty dollars (\$50.00) original application.

1	INSTRUCTIONS: Fill in ALL boxes, put NA if it does not apply to your company. SCAN & EMAIL signed applications, company letter, photo & copy of check to: SFMLicense@sfm.ga.gov <input type="checkbox"/>
2	MAIL PAYMENT to the lockbox with both your company letter and original check to: Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136 <input type="checkbox"/>
****No paper forms will be accepted on renewal!****	
****Save a copy of this renewal form for your records.****	

\$50.00 Filing Fee	\$50.00 Original Application Fee	\$50.00 Amended Fee
Application/License Year	Complete Both Pages	
Firm/Corporation/Business		
License No.	Email Address	
Name of Firm/Corporation	Corporation No.	(Enclose copy of current Secretary of State registration)
Address		
City	State	Zip
City	State	Zip
Phone	Fax No.	
Business Application Name (If DBA enclose copy of registration)		
Physical Address	Mailing Address	
City	State	Zip
City	State	Zip
Owner/Manager	License or Permit No.	
Name of Qualifier	License or Permit No.	
Officers/Partners		
Requesting Corporate Officer's Name		
Phone No.	Email	Title
List Officers/Partners		Title
First Name	MI	Last Name
First Name	MI	Last Name
First Name	MI	Last Name
Insurance Company		
Name of Insurance Co.	Policy No.	Expiration

***** Copy of certification certificate enclosed with application; license may be restricted to manufacturer *****

Name of certification for license	MANUFACTURER (restricted)	
NICET/ SUBFIELD/ LEVEL	NAFED/ICC	OTHER APPROVED

