



SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

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



www.oci.ga.gov

Phone: 404-656-2064

ENGINEERING

GID-227-SF JAN2012

PRE-ENGINEERED INDUSTRIAL PERMIT APPLICATION

In compliance with O.C.G.A. Title 25 Chapter 12, I hereby request a Pre-Engineered Industrial Permit by the Georgia Safety Fire Commissioner. I intend to engage in one or more of the following services: installation, inspection, recharging, repairing, servicing and testing of pre-engineered industrial systems. I agree to notify the Safety Fire Commissioner, 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 §120-3-23.08 for a permit.

Enclose a non-refundable twenty-five dollar (\$25.00) 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 twenty-five dollars (\$25.00) original application.

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

Original Application	<input type="checkbox"/>	\$25.00 License Fee & \$25.00 Filing or Renewal Fee	\$25.00 Amended Fee	<input type="checkbox"/>
Application/Permit Year			Complete All Fields and Pages	
Applicant				
Business License No.		Business Email		
Applicant Name		DOB	SSN	
Home Address		Home Phone No.		
City		State	Zip	County
Business Phone No.		Current Permit No.		
Business				
Requesting Officer/Manager Name				
Business Name		Business Phone No.		
Employed at Physical Address				
City		State	Zip	
Business Mailing Address				
City		State	Zip	
Name of certification for permit		MANUFACTURER (restricted)		
NICET/SUBFIELD/LEVEL		NAFED/ICC		
Date Received		Expiration Date		

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

Previously employed with		Last Permit Year		Permit No.	
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Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

I, as the Officer/Manager for this business named _____
License No. _____
company license.

_____ I hereby apply for this license to perform the following specified work under this

Check Services to be Provided

<input type="checkbox"/>	DRY CHEMICAL
<input type="checkbox"/>	CO2 AGENT
<input type="checkbox"/>	CLEAN AGENT
<input type="checkbox"/>	WET AGENT
<input type="checkbox"/>	MEDIUM / HIGH EXPANSION
<input type="checkbox"/>	LOW EXPANSION
<input type="checkbox"/>	INSTALLATION
<input type="checkbox"/>	INSPECTION
<input type="checkbox"/>	ALTERATION, REPAIR, SERVICE, MAINTENANCE, TEST
<input type="checkbox"/>	HYDROSTATIC TESTING: (If you do not perform this service, include company letter showing the company you subcontract for this service.) NON-DOT SPECIFICATION CYLINDERS
<input type="checkbox"/>	LOW PRESSURE DOT SPECIFICATION CYLINDERS*
<input type="checkbox"/>	DOT RE-TESTERS IDENTIFICATION NUMBER (RIN) LETTER/ COPY ENCLOSED WITH APPLICATION*
<input type="checkbox"/>	HIGH PRESSURE DOT SPECIFICATION CYLINDERS*

* DOT RIN LETTER REQUIRED

I swear and affirm that the business is registered and is current with the Georgia Secretary of States Corporate Division and to the best of my knowledge and belief; the statements contained in this application are true and understand subject to verification. I will supply company service tags, collars and labels as required within 30 days of licensing. I understand that each year this license and each technician under this license are required to have 8 hours of continuing education hours. I agree to notify the Safety Fire Commissioner within five (5) days of any change in office location or employment of this applicant with the company. Furthermore, I understand that the violation of any provision of Chapter 12 of Title 25 of the Official Code of Georgia, or any rule or regulation adopted and promulgated pursuant thereto by any person who possesses a license or permit, is cause for revocation or suspension of such license or permit by the Commissioner. **A copy of certification certificate and a digital headshot is enclosed with application.**

Print Officer's Name	Signature of Officer	Date
Print Applicant's Name	Signature of Applicant	Date

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