



SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334

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



www.oci.ga.gov

**FIRE SAFETY
ENGINEERING INSPECTIONS**

GID-234-SF JAN2016

**PRE-ENGINEERED KITCHEN/ RESTAURANT
FIRE SUPPRESSION SYSTEM LICENSE**

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
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
****No paper forms will be accepted!****	
****Save a copy of this form for your records.****	

\$50.00 Filing Fee	<input type="checkbox"/>	\$50.00 Original Application Fee		\$50.00 Amended Fee	<input type="checkbox"/>
Application/License Year		Total Amount of Fees: _____	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	
				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	



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

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"/>	ALERATION, 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 INDENTIFICATON NUMBER (RIN) LETTER/ COPY ENCLOSED WITH APPLICATION*
<input type="checkbox"/>	HIGH PRESSURE DOT SPECIFICATION CLYINDERS*

* 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. 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 is enclosed with this application along with a digital headshot of each permit holder.**

Print Officer's Name	Title
Signature of Officer	Date

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