



# SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

**Ralph T. Hudgens, Commissioner**

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[www.oci.ga.gov](http://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	<b>INSTRUCTIONS:</b> Fill in ALL boxes, put NA if it does not apply to your company. <b>SCAN &amp; EMAIL</b> signed applications, company letter, photo & copy of check to: <a href="mailto:SFMLicense@sfm.ga.gov">SFMLicense@sfm.ga.gov</a>
2	<b>MAIL PAYMENT to the lockbox</b> with both your company letter and original check to: <b>Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136</b>
****No paper forms will be accepted!****	
****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			<b>Complete Both Pages</b>		
<b>Firm/Corporation/Business</b>					
License No.		Email Address			
Name of Firm/Corporation			Corporation No.		
Address			(Enclose copy of current Secretary of State registration)		
City	State	Zip	Phone	Fax No.	
<b>Business Application Name (If DBA enclose copy of registration)</b>					
Physical Address			Mailing Address		
City	State	Zip	City	State	Zip
Owner/Manager			License or Permit No.		
Name of Qualifier			License or Permit No.		
<b>Officers/Partners</b>					
Requesting Corporate Officer's Name					
Phone No.	Email	Title		Title	
<b>List Officers/Partners</b>					<b>Title</b>
First Name	MI	Last Name			
First Name	MI	Last Name			
First Name	MI	Last Name			
<b>Insurance Company</b>					
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	

