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

ENGINEERING

GID-228-SF JUL09

PRE- ENGINEERED INDUSTRIAL LICENSE APPLICATION

In compliance with O.C.G.A. Title 25 Chapter 12, I hereby request an Engineered Fire Suppression License 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 Fire Safety Commissioner, in writing, within five (5) days of any change in information concerning my business provided in this application. I understand I must meet the requirements of the Rules and Regulations §120-3-23.08 for a license.

Enclose a non-refundable fifty dollar ($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) for Application Fees.

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	☐	$50.00 License Fee & $50.00 Filing Fee	$50.00 Amended Fee	☐
Application/License Year			**Complete Both Pages**	

Firm/Corporation/Business											
License No.						Corporation No.					
Name of Firm/Corporation						**(Enclose copy of current Secretary of State registration)**					
Address						Email 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.					

Corporate Officer					
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 permit		MANUFACTURER : (restricted)			
NICET/ SUBFIELD/ LEVEL		NAFED/ICC		OTHER APPROVED	

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 Martin Luther King Jr., Dr., Suite 620, Atlanta, GA 30334 - Phone 404-656-2056.

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PRE- ENGINEERED INDUSTRIAL LICENSE APPLICATION

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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	
☐	DRY CHEMICAL
☐	CO2 AGENT
☐	CLEAN AGENT
☐	WET AGENT
☐	MEDIUM / HIGH EXPANSION
☐	LOW EXPANSION
☐	INSTALLATION
☐	INSPECTION
☐	ALERATION, REPAIR, SERVICE, MAINTENANCE, TEST
☐	**HYDROSTATIC TESTING: (If you do not perform this service, include company letter showing the company you subcontract for this service. NON-DOT SPECIFICATION CYLINDERS (Company Letter Included Yes ☐ No ☐)**
☐	LOW PRESSURE DOT SPECIFICATION CYLINDERS*
☐	DOT RE-TESTERS INDENTIFICATON NUMBER (RIN) LETTER/ COPY ENCLOSED WITH APPLICATION*
☐	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 and a digital headshot for each permit holder is enclosed with this application.**

Print Officer's Name	**Title**
Signature of Officer	**Date**

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