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-229-SF JUL09

PROVISIONAL PERMIT APPLICATION

In compliance with O.C.G.A. Title 25 Chapter 12, I hereby request a provisional permit issued by the Georgia Safety Fire Commissioner. I intend to train in one or more of the following services: installation, inspection, recharging, repairing, servicing and testing in the areas indicated below under the direct immediate supervision of a valid permit holder employed with this company. I agree to notify the Safety Fire Commissioner in writing, within five (5) days of any change in my office location or employment status as required by law. I understand I must meet the requirements of the Rules and Regulations §120-3-23.12 for a permit.

Enclose a non-refundable twenty-five dollars ($25.00) company check or money order made payable to the State Fire Marshal's Office (personal checks are not acceptable) for Permit Fees and an additional non-refundable twenty-five dollars ($25.00) for Filing 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	☐	$25.00 Permit Fee & $25.00 Filing Fee	$25.00 Amended Fee	☐
Application/Permit Year			**Complete Both Pages**	

Check Which Type(s) of Training

Portables	☐	Kitchen	☐	Industrial	☐	Engineered Suppression	☐

Applicant

Business License No.		Business Email					
Name of Applicant				DOB		SSN	
Home Address				Email Address			
City		State		Zip		County		Phone No.	
Business Phone No.				Current Permit No.			

Business

Requesting Officer/Manager Name											
Business Name						Business Phone No.					
Physical Address						Mailing Address					
City		State		Zip		City		State		Zip	
Direct immediate supervision by						Permit No.					
Previously employed with											
Last Permit year						Permit No.					

I, as the Officer/Manager for this business named _____ License No. _____ I hereby apply for this provisional permit for this applicant to train under the direct immediate supervision of a valid permit holder for the following specified work under the company license.

This office does not discriminate by race, color, national origin, sex, religion, age or disability in employment, programs or services. Disabled persons needing this document in another format can contact the ADA Coordinator for this office at No. 2 Mart in Luther King Jr., Dr., Suite 620, Atlanta, GA 30334 - Phone 404-656-2056.

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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 thirty (30) days of licensing. I understand that each year the company 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, permit or training certificate by the Commissioner. A copy of direct immediate supervisor's certification certificate and a digital headshot are enclosed with this application. **If more than one person supervises the training of this applicant please provide on a separate page with this application a complete list of each supervised training and their permit number.**

Print Officer's Name	**Signature of Officer**	**Date**
Print Applicant's Name	**Signature of Applicant**	**Date**
Print Immediate Supervision's Name	**Signature of Immediate Supervision Person**	**Date**
Permit No.	**Signature of Supervisor**	**Date**

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

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