

**OFFICE OF INSURANCE AND 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****SAFETY FIRE  
ENGINEERING INSPECTIONS  
GID-229-SF JAN2016****www.oci.ga.gov****PROVISIONAL PERMIT 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 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 Filing Fees and an additional non-refundable twenty-five dollars (\$25.00) original application.

1	<b>INSTRUCTIONS:</b> Fill in <b>ALL</b> boxes, put <b>NA</b> 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 for your records.****	

\$25.00 Filing Fee	\$25.00 Original Application Fee	\$25.00 Amended Fee
Application/License Year	Total Amount of Fees: _____	<b>Please Complete Both Pages</b>

Check Which Type(s) of Training							
Portables		Kitchen		Industrial		Engineering Suppression	

Applicant											
Business License No.				Business Email Address							
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.					

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

\* 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, 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.**

<b>Print Officer's Name</b>	<b>Signature of Officer</b>	<b>Date</b>
<b>Print Applicant's Name</b>	<b>Signature of Applicant's</b>	<b>Date</b>
<b>Print Immediate Supervisor's Person</b>	<b>Signature of Immediate Supervision Person</b>	<b>Date</b>
<b>Permit No.</b>	<b>Signature of Supervisor</b>	<b>Date</b>

<b><u>NOTARY</u></b>	Sworn to and Subscribed before Me this _____ day of _____, _____. _____ (Notary Public)	_____ (My Commission Expires)
		( Seal )