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-232-SF MAY10

PORTABLE FIRE EXTINGUISHER PERMIT APPLICATION

In compliance with O.C.G.A. Title 25 Chapter 12, I hereby request an engineered fire suppression permit 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 portable fire extinguishers. I agree to notify the Safety Fire Commissioner 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 permit.

Enclose a non-refundable twenty-five dollar ($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.

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 License Fee & $25.00 Filing or Renewal Fee	$25.00 Amended Fee	☐
Application/Permit Year			**Complete All Fields and Pages**	

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

Business					
Requesting Officer/Manager Name					
Business Name		Business Phone No.			
Employed at Physical Address					
City		State		Zip	
Business Mailing Address					
City		State		Zip	

Name of certification for permit		MANUFACTURER (restricted)	
NAFED/ICC		Approved Other	
Date Received		Expiration Date	

********** **Copy of certification certificate enclosed with application; permit may be restricted to manufacturer** **********

Previously employed with		Last Permit Year		Permit No.	

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 cont act 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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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**
☐	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. 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 or permit by the Commissioner. **A copy of certification certificate and a digital headshot are enclosed with this application.**

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

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

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