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-234-SF JUL09

PRE-ENGINEERED KITCHEN/ RESTAURANT FIRE SUPPRESSION SYSTEM LICENSE

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: installation, inspection, recharging, repairing, servicing and testing of Pre-Engineered Kitchen/ Restaurant Systems. 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 §120-3-23.06 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.

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

City		State		Zip		Phone		Fax	

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.	

Officers/Partners

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 license		MANUFACTURER (restricted)			
NICET/ SUBFIELD/ LEVEL		NAFED/ICC		OTHER APPROVED	

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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 Geo rgia 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 is enclosed for each permit holder 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)**

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