



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

**APPLICATION FOR FIRE PROTECTION SYSTEM CONTRACTOR
 BUREAU OF FIRE PREVENTION
 REGULATORY LICENSING SECTION**

Mail application to: Revenue Processing Section
 P. O. Box 6100
 Tallahassee, FL 32314-6100

This application will not be processed unless all required information is completed and fees submitted. Please type or print in ink. All signatures must be notarized. **A separate application is required for each licensed requested.**

Section 1 TYPE OF LICENSE REQUESTED:

- | | | | |
|--------------------------|---------------------------------------|------------------|------------|
| <input type="checkbox"/> | Fire Protection System Contractor I | Type 07 Class 10 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor II | Type 07 Class 12 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor III | Type 07 Class 13 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor IV | Type 07 Class 14 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor V | Type 09 Class 14 | Fee: \$300 |
| <input type="checkbox"/> | Examination Filing Fee | Type 09 Class 00 | Fee: \$100 |

Total Fees Submitted: _____ \$

Section 2 BUSINESS INFORMATION:

1. Name of Business: _____
2. Physical Address of Business: _____

	Number	Street
City	County	State
		Zip Code
3. Mailing Address of Business: _____
4. Telephone Number of Business: _____
5. Fax Number: _____
6. E-mail Address (if available): _____
7. Owner/Manager of Business: _____

If partnership, list partners: _____

If legal entity, list members: _____

If a Fictitious Name is used attach evidence of compliance with the Secretary of State's requirements under the Fictitious Name Act.

Section 3 CONTRACTOR APPLICANT:

1. Applicant Name: _____
Last First Middle
2. Home Address: _____
Number Street
- City County State Zip Code
3. Date of Birth: _____ Telephone Number: _____

I, _____, have applied for a Fire Protection Contractor License with the Florida Department of Financial Services, Bureau of Fire Prevention, Regulatory Licensing Section. I understand the Regulatory Licensing Section will conduct any investigation deemed necessary to ensure I fulfill the statutory requirements for licensure.

I, _____, understand that making any material misstatement, misrepresentation, or committing any fraud in obtaining or attempting to obtain this license is grounds for denial or revocation.

I, _____, certify that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature of Applicant: _____

Print Name: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally known or who has produced _____ as identification, and who has has not taken an oath.

Seal

Notary Signature

Type, Print or Stamp Name

I certify as an officer of the firm that the Fire Protection Contractor applicant named above is legally qualified to act for the business organization in all matters connected with its business and that he/she will supervise all activities undertaken by such business organization. Attach evidence of the applicant's legal qualifications to act on behalf of the business organization.

Signature of Firm Officer: _____

Print Name of Firm Officer: _____

Title of Firm Officer: _____

State of _____

County of _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally know or who has produced _____ as identification, and who has has not taken an oath

Seal

Notary Signature

Type, Print or Stamp Name

Section 4 AFFIDAVIT OF EXPERIENCE:

Applicants for Fire Protection System Contractor must have four years of verifiable, lawfully gained experience as provided in Section 633.318, Florida Statutes, and Florida Administrative Code 69A-46.

The applicant is responsible to submit evidence of all experience and education in compliance with Florida Administrative Code 69A-46.010.

Please provide in detail the information requested below

1. Date of Employment: From / to / Total Years/Months: /
Month Year Month Year

Name of Company/Firm: _____

Address: _____ Telephone Number: _____

Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):

Name, title and telephone number of certified fire protection system contractor who supervised the above described duties: _____

2. Date of Employment: From / to / Total Years/Months: /
Month Year Month Year

Name of Company/Firm: _____

Address: _____ Telephone Number: _____

Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):

Name, title and telephone number of certified fire protection system contractor who supervised the above described duties: _____

3. Date of Employment: From / to / Total Years/Months: /
Month Year Month Year

Name of Company/Firm: _____

Address: _____ Telephone Number: _____

Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):

Name, title and telephone number of certified fire protection system contractor who supervised the above described duties: _____

4. Date of Employment: From _____ / _____ to _____ / _____ Total Years/Months: ____ / ____
Month Year Month Year

Name of Company/Firm: _____

Address: _____ Telephone Number: _____

Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):

Name, title and telephone number of certified fire protection system contractor who supervised the above described duties: _____

Attach written documentation of verification from each employing contractor.

Total Years: _____ Months: _____