



DEPARTMENT OF FINANCIAL SERVICES  
Division of State Fire Marshal

**Fire Equipment Dealers,  
Portable and Pre-engineered  
LICENSE/PERMIT INFORMATION  
PACKET**

BUREAU OF FIRE PREVENTION  
REGULATORY LICENSING SECTION

200 East Gaines Street

Tallahassee, Florida 32399-0342

Telephone: 850/413-3171

Fax: 850/410-2467

[Fire.Prevention@myfloridacfo.com](mailto:Fire.Prevention@myfloridacfo.com)

## **DEFINITIONS:**

### **LICENSES:**

**Class A Dealer License:** To service, recharge, repair, install, or inspect all types of fire extinguishers and to conduct hydrostatic tests on all types of fire extinguishers.

**Class B Dealer License:** To service, recharge, repair, install, or inspect all types of fire extinguishers, including recharging carbon dioxide units and conducting hydrostatic tests on all types of fire extinguishers, except carbon dioxide units.

**Class C Dealer License:** To service, recharge, repair, install, or inspect all types of fire extinguishers, except recharging carbon dioxide units and to conduct hydrostatic tests on all types of fire extinguishers, except carbon dioxide units.

**Class D Dealer License:** To service, recharge, hydro test, install, or inspect all types of preengineered fire extinguishing systems.

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### **Fire Equipment Permits:**

**Portable Permit:** "Portable permittee" means a person who is limited to performing work no more extensive than the employing licensee in the servicing, recharging, repairing, installing, or inspecting all types of portable fire extinguishers.

**Preengineered Permit:** "Preengineered permittee" means a person who is limited to the servicing, recharging, repairing, installing, or inspecting of all types of preengineered fire extinguishing systems.

**Section 633.061, Florida Statutes:**

Any organization or individual who wants to engage in the business of servicing, repairing, recharging, testing, marking, inspecting, installing or hydro testing any fire extinguishers or preengineered system in the State of Florida must be licensed in compliance with Chapter 633, Florida Statutes.

Each organization or individual that engages in business must possess a valid and subsisting license issued by the State Fire Marshal.

The licensee (license qualifier applicant) must be legally qualified to act on behalf of the business organization in all matters connected with its business and the licensee must supervise all activities undertaken by such business organization.

Each licensee must maintain a specific physical business location. In the case of multiple locations, a separate license is required for each location. A licensed individual may not qualify for more than five locations.

All licenses and permits are issued for a two (2) year period. The two-year license cycle began January 1, 2000 and will continue each 2-year period thereafter and expiring December 31 of the second year. All licenses and permits expire on December 31 of each odd-numbered year, regardless of the date of issue. Failure to renew a license or permit by December 31 of the second year will cause the license or permit to become inoperative.

The fee for a license or permit issued for 1 year or less shall be prorated at 50 percent of the applicable fee for the biennial license or permit. Applications received on or after December 26<sup>th</sup> of an even year will be prorated at 50 percent of the applicable fee.

**Fees:**

Class A License:	\$250
Class B License:	\$150
Class C License:	\$150
Class D License:	\$200
Portable Permit:	\$ 90
Preengineered Permit:	\$120

## **Eligibility Requirements for Fire Equipment Dealer License:**

1. Applicant must be 18 years of age.
2. Applicant must possess and provide verifiable proven evidence of 4 years proven experience as a fire equipment permittee performing work at a level equal to or greater than the class license requested.

**Class A License:** Requires 4 years verifiable proven experience that a portable permittee in the employment of a Class A dealer has performed service at the Class A level for the period of time presented.

**Class B License:** Requires 4 years verifiable proven experience that a portable permittee in the employment of a Class A or B dealer has performed service at the Class A or B level for the period of time presented.

**Class C License:** Requires 4 years verifiable proven experience that a portable permittee in the employment of a Class A, B or C dealer has performed service at the Class A, B or C level for the period of time presented.

**Class D License:** Requires 4 years verifiable proven experience as a Preengineered Permittee.

*Experience as a permit holder can be combined with equivalent education to meet the 4 years experience prerequisite. ALL education must be substantiated with transcripts, course certificates, course curriculum, and must be related to the scope of work for the license requested.*

3. Must not have been convicted of, or pled nolo contendere to any felony. If so convicted, proof of restoration of civil rights must be submitted with the application.
4. Application must be accompanied by evidence of Registration as a Florida Corporation or evidence of compliance with the Fictitious Name Act. If the licensee applicant is not an officer of the firm, company, or corporation, the application must be accompanied by evidence of the applicant's qualifications to act on behalf of the business organization in all matters related with it's business.
5. Applicant must possess a specific place of business. The State Fire Marshal will inspect this place of business prior to a license being issued to determine the applicant possesses all equipment required pursuant to Florida Administrative Code 69A-21.
6. The applicant must provide insurance certification on Form DFS-K3-28. Coverage must meet the requirements of Section 633.061, Florida Statutes.
7. The applicant must possess a current retestor identification number that is appropriate for the license for which the applicant is applying and that is listed with the United States Department of Transportation.
8. The applicant must submit evidence of completion of a 40-hour training course.
9. The license applicant must submit to the Regulatory Licensing Section evidence from the Bureau of Fire Standards and Training (Florida State Fire College) that the written examination has been successfully completed for the class license requested.

## **Eligibility Requirements for Permit**

1. Must be 16 years of age.
2. Must be employed by a licensed fire equipment dealer.
3. The applicant must submit evidence of completion of a 40-hour training course.
4. The permit applicant must submit to the Regulatory Licensing Section evidence from the Bureau of Fire Standards and Training (Florida State Fire College) that the written examination has been successfully completed for the class license requested.

## **Color Photograph Specifications for Permit Applicants:**

1. Photograph must be a full-face photograph of the applicant, no hats or sunglasses.
2. Photograph must be a minimum and maximum of 2" X 2" and must be affixed to the application using paperclips, do not cut or glue the photographs.
3. Photographs must be color, the applicant must submit two.
4. Photographs must not be stained, cracked or mutilated and must lie flat.
5. Snapshots, Polaroid pictures, group pictures or full-length pictures will not be accepted.
6. Using a felt pen to avoid mutilation of the photographs lightly print the applicant name and birth date on the back of the photographs.

## **Halon Exemption**

Any fire equipment dealer licensed pursuant to Section 633.061, Florida Statutes, (or a new applicant beginning initial licensure) who does not want to engage in the business of servicing, inspecting, recharging, repairing, hydro testing, or installing Halon equipment must file an affidavit, Form K3-1482, with the State Fire Marshal, so stating. Licenses will be issued by the division to reflect the work authorized there under.

It is unlawful, unlicensed activity for any person or firm to falsely hold himself or herself or a business organization out to perform any service, inspection, recharge, repair, hydro test, or installation except as specifically described in the license or permit issued by the State Fire Marshal.

A fire equipment dealer requesting exemption from Halon MUST also request exemption, using Form K3-1483, for each permit holder in his or her employ.

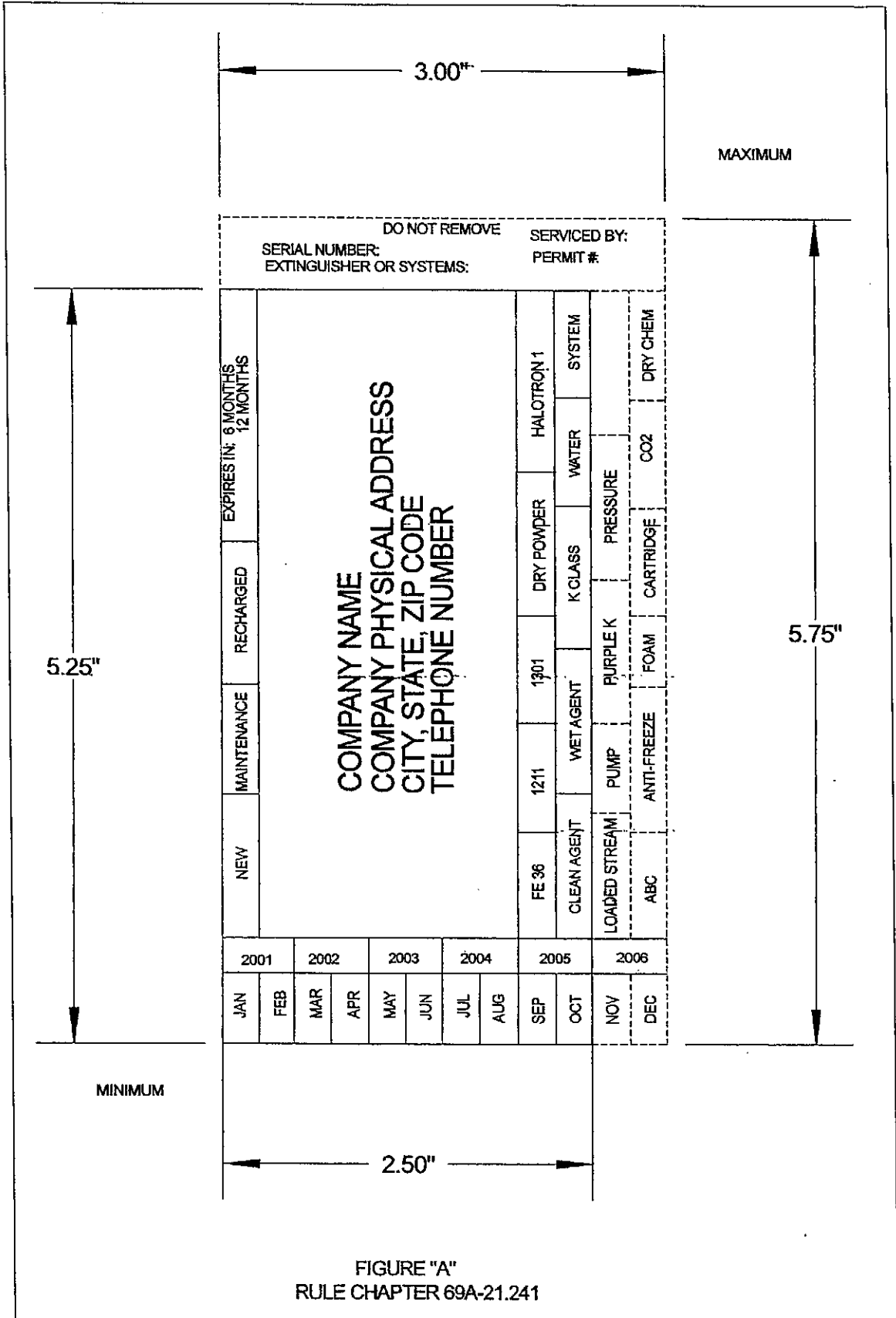
## **License Upgrade:**

A fire equipment dealer licensed pursuant to Section 633.061, Florida Statutes, may apply to upgrade the license currently held, if the licensed dealer:

1. Submits an application for license, accompanied by the appropriate fee.
2. Provide evidence of 2 years experience as a licensed dealer and provide evidence of education equivalent to the class of license requested.
3. The applicant must submit evidence of completion of an approved 40-hour training course.
4. The license applicant must submit to the Regulatory Licensing Section evidence from the Bureau of Fire Standards and Training (Florida State Fire College) that the written examination has been successfully completed for the class license requested.
5. Provides insurance coverage in compliance with Section 633.061, Florida Statutes.
6. Passes a facility inspection by the State Fire Marshal for compliance with the equipment requirements of Florida Administrative Code 69A-21.

## **Governing Law**

Fire Equipment Dealers and Permit-tees are governed by Chapter 633 of the Florida Statutes and rule Chapter 69A-21 of the Florida Administrative Code.





**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal*

**APPLICATION FOR FIRE EQUIPMENT DEALER LICENSE**  
**BUREAU OF FIRE PREVENTION**  
**REGULATORY LICENSING SECTION**

Return 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 fee submitted. Please type or print in ink. All signatures must be notarized. A separate application is required for each permit requested.

**Section 1 TYPE OF LICENSE REQUESTED:**

- |                          |                               |                  |            |
|--------------------------|-------------------------------|------------------|------------|
| <input type="checkbox"/> | Class A Fire Equipment Dealer | Type 07 Class 01 | Fee: \$250 |
| <input type="checkbox"/> | Class B Fire Equipment Dealer | Type 07 Class 02 | Fee: \$150 |
| <input type="checkbox"/> | Class C Fire Equipment Dealer | Type 07 Class 03 | Fee: \$150 |
| <input type="checkbox"/> | Class D Fire Equipment Dealer | Type 07 Class 04 | Fee: \$200 |

Fee Submitted: \_\_\_\_\_

**Section 2 BUSINESS INFORMATION:**

1. Name of Business: \_\_\_\_\_

2. Physical Business Address: \_\_\_\_\_

City	County	State	Zip Code
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3. Mailing Address: \_\_\_\_\_

4. Business Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

5. Internet Address: http://www. \_\_\_\_\_

6. Owner/Manager of Business: \_\_\_\_\_

7. If Corporation (attach evidence of compliance with Florida Secretary of State), list firm officers and directors:

\_\_\_\_\_

If partnership, list partners: \_\_\_\_\_

\_\_\_\_\_

If legal entity, list members: \_\_\_\_\_

\_\_\_\_\_

If using a Fictitious Name, attach evidence of compliance with the Florida Secretary of State.



**Section 3 LICENSE QUALIFIER APPLICANT:**

1. Applicant Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

City County State Zip Code

3. Date of Birth: \_\_\_\_\_

4. Have you ever been convicted of or pled nolo contendere to a felony?  Yes  No

5. If the answer to question #4 is yes, have your civil rights been restored?  Yes  No

If answer is yes; evidence of restoration must be attached.

I, \_\_\_\_\_, have applied for a Fire Equipment Dealer License with the Florida Department of Financial Service, 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 or Type Name of Applicant: \_\_\_\_\_

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 that as the  owner or as an  officer of the firm, that the license qualifier applicant named herein is legally qualified to act on behalf of the business organization in all matters connected with its business and that he/she will supervise all activities undertaken by such business organization.

Signature of Firm Officer: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

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:**

(To be completed for each license requested, use a separate application for multiple requests)

Applicants for Fire Equipment Dealer License must have four years of verifiable, proven experience. The applicant is responsible to provide evidence of all experience and substantiate any education by providing official transcripts. To substantiate the experience requirement, provide in detail the information requested below, attaching additional sheets as required:

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

Name of Licensed Fire Equipment Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Supervising Fire Equipment Dealer: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.

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

Name of Licensed Fire Equipment Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Supervising Fire Equipment Dealer: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.

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

Name of Licensed Fire Equipment Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Supervising Fire Equipment Dealer: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.

4. Date of Employment: From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Total Years/Months: \_\_\_\_ / \_\_\_\_  
Month Year Month Year

Name of Licensed Fire Equipment Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Supervising Fire Equipment Dealer: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal*

**CERTIFICATION OF INSURANCE  
 FIRE EQUIPMENT DEALER**

Pursuant to Section 633.061, Florida Statutes, a fire equipment dealer must maintain continuous insurance coverage as a prerequisite for doing business in the State of Florida. As a person lawfully authorized to sell insurance in the State of Florida for an insurance company which is lawfully engaged to provide insurance coverage in Florida, I hereby certify that the below named fire equipment dealer licensed under Chapter 633, Florida Statutes, is presently insured for comprehensive general liability for bodily injury and property damages, products liability, completed operations and contractual liability for an amount as indicated below. I further state that this policy insures for the liability for all employees of the fire equipment dealer while engaged in activities pursuant to their employment. Failure to maintain insurance coverage as required by law results in the automatic suspension of the fire equipment dealer. Continuation of activities regulated under Chapter 633, Florida Statutes, without insurance coverage or with a suspended license shall result in administrative action pursuant to Section 633.162, Florida Statutes, or criminal penalties pursuant to Section 633.171, Florida Statutes.

An insurer, which provides such coverage, shall notify the State Fire Marshal of any material change in coverage or any termination, cancellation, or nonrenewal of such coverage. An insurer, which fails to so notify the State Fire Marshal's office, shall be subject to the penalties provided under Section 624.4211, Florida Statutes.

Name of Fire Equipment Dealer: \_\_\_\_\_

Licensed Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A separate certificate of insurance is required for each license held.

Check Type	Type License Held	Amount of Insurance
<input type="checkbox"/>	Class A Fire Equipment Dealer	\$
<input type="checkbox"/>	Class B Fire Equipment Dealer	\$
<input type="checkbox"/>	Class C Fire Equipment Dealer	\$
<input type="checkbox"/>	Class D Fire Equipment Dealer	\$

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Telephone Number of Insurance Agency \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

Name of Insurance Agent \_\_\_\_\_ Florida License Number of Insurance Agent \_\_\_\_\_

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Signature of Insurance Agent: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal*

**FIRE EQUIPMENT DEALER HALON EXEMPTION AFFIDAVIT  
BUREAU OF FIRE PREVENTION  
REGULATORY LICENSING SECTION**

TO: Division of State Fire Marshal  
Bureau of Fire Prevention  
200 East Gaines Street  
Tallahassee, Florida 32399-0342

I, \_\_\_\_\_, a licensed fire equipment dealer,  
License Qualifier

License Number: \_\_\_\_\_, hereby file this affidavit on behalf of:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Business Address State Zip Code Telephone Number

requesting that the division issue the above Fire Equipment Dealer License to reflect that the company nor the permittees under license number \_\_\_\_\_ will not engage in the business of servicing, inspecting, recharging, or installing Halon equipment.

I understand that it is unlawful, unlicensed activity of any person or firm to falsely hold himself or herself or a business organization out to perform any service, inspection, recharge, repair, or installation except as specifically described in the license.

**I FURTHER UNDERSTAND THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE, PURSUANT TO SECTION 837.06, FLORIDA STATUTES.**

Signature of license qualifier: \_\_\_\_\_

Print Name: \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal*

**FIRE EQUIPMENT PERMIT HALON EXEMPTION AFFIDAVIT  
BUREAU OF FIRE PREVENTION  
REGULATORY LICENSING SECTION**

TO: Division of State Fire Marshal  
Bureau of Fire Prevention  
200 East Gaines Street  
Tallahassee, Florida 32399-0342

I, \_\_\_\_\_, a licensed fire equipment permittee  
License Qualifier

Permit Number: \_\_\_\_\_, employed by \_\_\_\_\_,  
Company Name

License number: \_\_\_\_\_ hereby file this affidavit  
requesting that the Division issue the above fire equipment permit to reflect that I will not engage  
in the business of servicing, inspecting, recharging, or installing Halon equipment.

I understand that it is unlawful, unlicensed activity of any person or firm to falsely hold himself or  
herself or a business organization out to perform any service, inspection, recharge, repair, or  
installation except as specifically described in the permit.

**I FURTHER UNDERSTAND THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT  
IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE  
OF HIS OR HER OFFICIAL DUTIES IS GUILTY OF A MISDEMEANOR OF THE SECOND  
DEGREE, PURSUANT TO SECTION 837.06, FLORIDA STATUTES.**

Signature of Permit Holder: \_\_\_\_\_

Print Name of Applicant: \_\_\_\_\_

**I UNDERSTAND THAT WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING  
WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR  
HER OFFICIAL DUTIES IS GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE,  
PURSUANT TO SECTION 837.06, FLORIDA STATUTES.**

Signature of License Qualifier: \_\_\_\_\_

Print Name of License Qualifier: \_\_\_\_\_



**Section 3 EMPLOYER INFORMATION:**

1. Licensed Fire Equipment Dealer Business Name: \_\_\_\_\_

2. Licensed Physical Business Address: \_\_\_\_\_

\_\_\_\_\_  
City County State Zip Code

3. Mailing Address: \_\_\_\_\_

4. Fire Equipment Dealer License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Class \_\_\_\_\_

5. License Qualifier: \_\_\_\_\_

I, \_\_\_\_\_, certify that I fully understand the contents of this application and certify that the information provided herein is true and correct.

I, \_\_\_\_\_, certify that I fully understand the contents of this application and the requirements of Section 633.061, Florida Statutes and the provisions of Rule Chapter 4A-21, Florida Administrative Code.

Signature of Applicant: \_\_\_\_\_

Print or Type Name of Applicant: \_\_\_\_\_

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, License Qualifier: \_\_\_\_\_ Certify that the applicant named herein and whose signature appears above is an employee of \_\_\_\_\_. I further certify that I will notify the State Fire Marshal, in writing, when such employment is terminated pursuant to Chapter 633, Florida Statutes.

Signature of License Qualifier: \_\_\_\_\_

Print Name: \_\_\_\_\_

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