



Division of State Fire Marshal  
 Regulatory Licensing Section  
 200 East Gaines Street  
 Tallahassee, Florida 32399-0342

**DI4-435 Inactive Certificate of Competency**

Mail TO: Revenue Processing Section  
 State Fire Marshal  
 P. O. Box 6100  
 Tallahassee, FL 32314-6100

In compliance with the provisions of Chapter 633, Florida Statutes, application is hereby made to place my Certificate of Competency as a Fire Protection System Contractor in an INACTIVE status.

Type	Class	F/T		Fee
09	05	L	Inactive Certificate	\$75

Make check payable to the State Fire Marshal

- Name: \_\_\_\_\_  
Last First Middle
- Physical Address: \_\_\_\_\_  
Number Street  
 \_\_\_\_\_  
City State Zip Code County
- Mailing Address: \_\_\_\_\_
- Fire Protection System Contractor License Number: \_\_\_\_\_

I, \_\_\_\_\_, a licensed Fire Protection System Contractor, hereby request the State Fire Marshal to place my Certificate of Competency in an inactive status. I understand that by placing Certificate of Competency in an inactive status, that I cannot engage in the business of contracting the lay out, fabrication, inspection, alteration, maintenance, or repair of engineered fire protection systems.

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.

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

Print or Type Name: \_\_\_\_\_

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