DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

APPLICATION FOR WATER-BASED FIRE PROTECTION INSPECTOR PERMIT
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 PERMIT REQUESTED:

☐ Water-Based Fire Protection Inspector Permit Type 14 Class 05 Fee: $100

Fee Submitted: _____

Section 2 APPLICANT INFORMATION:

1. Name of Applicant: _____

2. Physical Home Address: _____

_____
City County State Zip Code

3. Mailing Address: _____

4. Home Telephone Number: _____

5. Date of Birth: _____

6. Have you previously held a permit: ☐ Yes ☐ No

7. If the answer to question #6 is yes, provide the following information:

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

Name of the Employing Fire Protection Contractor: _____

Address: _____ Telephone Number: _____

Name of Business: _____

Section 3 EMPLOYER INFORMATION:

1. Licensed Fire Protection Contractor: _____

2. Licensed Physical Business Address: _____

_____
City County State Zip Code

3. Mailing Address: _____

4. Contractor License Number: _____ Type: _____ Class _____

5. Business Name _____

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 633.521, Florida Statutes and the provisions of Rule Chapter 69A-46, 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, FPS Contractor : _____ 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 Contractor: _____

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