



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 4 AFFIDAVIT OF EXPERIENCE:

Applicants for Fire Protection System Contractor must have four years of verifiable, lawfully gained experience as provided in Section 633.521, 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: _____