

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 REC	QUESTED:		
		Fire Protection System C	ontractor I	Type 07 Class 10	Fee: \$300
		Fire Protection System C	ontractor II	Type 07 Class 12	Fee: \$300
		Fire Protection System C	ontractor III	Type 07 Class 13	Fee: \$300
		Fire Protection System C	ontractor IV	Type 07 Class 14	Fee: \$300
		Fire Protection System C	ontractor V	Type 09 Class 14	Fee: \$300
		Examination Filing Fee		Type 09 Class 00	Fee: \$100
				Total Fees Subr	mitted: \$
Section	2	BUSINESS INFORMATION	ON:		
1.	Name	of Business:			
2.	Physic	cal Address of Business:			
			Number	Street	
_	City	Co	unty	State	Zip Code
3.	Mailin	g Address of Business: _			
4.	Telepl	none Number of Business	:		
5.					
6.					
7.					
_					
	If parti	nership, list partners:			
_	If lega	I entity, list members:			
	-				
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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:				
2		_ast	First		Middle
2.	Home Address: Nu	mber		Street	
	City	County	State		Zip Code
3.	Date of Birth:	·	Telephone	e Number:	·
I, of Fin	nancial Services, Bureau uct any investigation dee	of Fire Prevention,	have applied for a Fire Pro Regulatory Licensing Secti ensure I fulfill the statutory i	tection Contractor Licer ion. I understand the R requirements for licensu	nse with the Florida Department egulatory Licensing Section will are.
I, comn	nitting any fraud in obtair	ing or attempting to	understand that making an o obtain this license is grou	y material misstatemen nds for denial or revoca	t, misrepresentation, or ation.
I, corre	ct to the best of my know	, certify that ledge.	at the information contained	in this application and	all attachments are true and
Signa	ature of Applicant:				
Print	Name:				
State	of		<u></u>		
Coun					
Swor	n to and subscribed befo	re me this		by	
	s personally known or wl an oath.	no has produced	Day, Month, Year	as identificat	ion, and who ☐ has ☐ has not
Seal				Notary Signature	
				riolary dignataro	
			T	ype, Print or Stamp Na	me
organiz	zation in all matters conn	ected with its busin	ction Contractor applicant n less and that he/she will su egal qualifications to act on	pervise all activities und	
Signate	ure of Firm Officer:				
Print N	lame of Firm Officer:				
State	of		<u> </u>		
Coun	ty of				
Swor	n to and subscribed befo	re me this		by	
	s personally know or who an oath) has produced	Day, Month, Year	as identificat	ion, and who ☐ has ☐ has not
Seal					
				Notary Signature	
				ype, Print or Stamp Na	 me

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

	m / to / Month Year Month Year	Total Years/Months:
Name of Company/Firm:_		
	o the license sought and percentage of time d	
	number of certified fire protection system cont	
	m / to/ Month Year Month Year	Total Years/Months:
	o the license sought and percentage of time d	
4.46.4.	number of certified fire protection system cont	
	m / to /	Tatal Value (Martha)
	m / to / Month Year Month Year	Total Years/Months:
Name of Company/Firm:	Month Year Month Year	_
Name of Company/Firm: Address:		Telephone Number:

Date of Employment: From		_ to/_	. 	lotal Years/Months:/
	Month Year	Month `	Year	
Name of Company/Firm: _				
Address:				Telephone Number:
Exact duties which relate to	the license sough	t and percentag	e of time devote	ed to these duties (be specific):
Exact daties which relate to	are neerise sough	t and percentag	c or time devot	od to those duties (be specific).
Name, title and telephone nu	umber of certified	fire protection s	vstem contracto	r who supervised the above describe
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dution		•	-	Time supervised and above december
dution		•	-	. The cape recount of a second
dution		•	-	The supervised the above december
dution		•	-	. The cape root and above account
duties:				
duties:				