

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 69A-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