

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: _____

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: _____