



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

**APPLICATION FOR FIRE EQUIPMENT 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:

Portable Permit Type 09 Class 01 Fee: \$90

Pre-engineered Permit Type 09 Class 04 Fee: 120

Fee Submitted: \$000.00

Section 2 APPLICANT INFORMATION:

1. Name of Applicant: _____

2. Physical Home Address: _____

City	County	State	Zip Code
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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 Licensed Fire Equipment Firm: _____

Address: _____ Telephone Number: _____

Name of Supervising Fire Equipment Dealer: _____

Section 3 EMPLOYER INFORMATION:

- 1. Licensed Fire Equipment Dealer Business Name: _____
- 2. Licensed Physical Business Address: _____

City County State Zip Code 00000
- 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 4A-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