APPLICATION FOR FIRE EQUIPMENT DEALER LICENSE
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 LICENSE REQUESTED:

☐ Class A Fire Equipment Dealer       Type 07 Class 01       Fee: $250
☐ Class B Fire Equipment Dealer       Type 07 Class 02       Fee: $150
☐ Class C Fire Equipment Dealer       Type 07 Class 03       Fee: $150
☐ Class D Fire Equipment Dealer       Type 07 Class 04       Fee: $200

Fee Submitted: ____________

Section 2  BUSINESS INFORMATION:

1. Name of Business: ________________________________

2. Physical Business Address: ________________________________

   City                  County                  State                  Zip Code

3. Mailing Address: ________________________________

4. Business Telephone Number: __________________ Fax Number: __________________

5. Internet Address: ________________________________

6. Owner/Manager of Business: ________________________________

7. If Corporation (attach evidence of compliance with Florida Secretary of State), list firm officers and directors:

   ________________________________

   If partnership, list partners:

   ________________________________

   If legal entity, list members:

   ________________________________

   If using a Fictitious Name, attach evidence of compliance with the Florida Secretary of State.

DFS-K3-32 Revised 09/13/13
Section 3 LICENSE QUALIFIER APPLICANT:

1. Applicant Name: ____________________________________________

2. Home Address: ____________________________________________

   City    County    State    Zip Code

3. Date of Birth: ____________________________________________

4. Have you ever been convicted of or pled nolo contendre to a felony?  □ Yes  □ No

5. If the answer to question #4 is yes, have your civil rights been restored?  □ Yes  □ No
   If answer is yes; evidence of restoration must be attached.

I, ____________________________________________, have applied for a Fire Equipment Dealer License with the Florida Department of Financial Service, Regulatory Licensing Section. I understand the Regulatory Licensing Section will conduct any investigation deemed necessary to ensure I fulfill the statutory requirements for licensure.

I, ____________________________________________, understand that making any material misstatement, misrepresentation, or committing any fraud in obtaining or attempting to obtain this license is grounds for denial or revocation.

I, ____________________________________________, certify that the information contained in this application and all attachments are true and correct to the best of my knowledge.

Signature of Applicant: ________________________________________

Print or Type Name of Applicant: ________________________________________

State of ____________________________________________

County of ____________________________________________

Sworn to and subscribed before me this __________ Day, Month, Year

by ____________________________________________

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, certify that as the □ owner or as an □ officer of the firm, that the license qualifier applicant named herein is legally qualified to act on behalf of the business organization in all matters connected with its business and that he/she will supervise all activities undertaken by such business organization.

Signature of Firm Officer: ________________________________________

Print Name and Title: ____________________________________________

State of ____________________________________________

County of ____________________________________________

Sworn to and subscribed before me this __________ Day, Month, Year

by ____________________________________________

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

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Section 4 AFFIDAVIT OF EXPERIENCE:

(To be completed for each license requested, use a separate application for multiple requests)

Applicants for Fire Equipment Dealer License must have four years of verifiable, proven experience. The applicant is responsible to provide evidence of all experience and substantiate any education by providing official transcripts. To substantiate the experience requirement, provide in detail the information requested below, attaching additional sheets as required:

1. Date of Employment: From _____ / _____ to _____ / ______ Total Years/Months: _____ / _____
   Name of Licensed Fire Equipment Firm: ____________________________________________
   Address: __________________________________________ Telephone Number: (000) 000-0000
   Name of Supervising Fire Equipment Dealer: ______________________________________
   Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.304, Florida Statutes.

2. Date of Employment: From _____ / _____ to _____ / ______ Total Years/Months: _____ / _____
   Name of Licensed Fire Equipment Firm: ____________________________________________
   Address: __________________________________________ Telephone Number: (000) 000-0000
   Name of Supervising Fire Equipment Dealer: ______________________________________
   Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.304, Florida Statutes.

3. Date of Employment: From _____ / _____ to _____ / ______ Total Years/Months: _____ / _____
   Name of Licensed Fire Equipment Firm: ____________________________________________
   Address: __________________________________________ Telephone Number: (000) 000-0000
   Name of Supervising Fire Equipment Dealer: ______________________________________
   Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.304, Florida Statutes.

4. Date of Employment: From _____ / _____ to _____ / ______ Total Years/Months: _____ / _____
   Name of Licensed Fire Equipment Firm: ____________________________________________
   Address: __________________________________________ Telephone Number: (000) 000-0000
   Name of Supervising Fire Equipment Dealer: ______________________________________
   Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.304, Florida Statutes.

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