



**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 633.304, 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