



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal*

**APPLICATION FOR WATER-BASED FIRE PROTECTION INSPECTOR 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:**

Water-Based Fire Protection Inspector Permit Type 14 Class 05 Fee: \$100  
Fee Submitted: \_\_\_\_\_

**Section 2 APPLICANT INFORMATION:**

1. Name of Applicant: \_\_\_\_\_

2. Physical Home Address: \_\_\_\_\_

City	County	State	Zip Code

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 the Employing Fire Protection Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

**Section 3 EMPLOYER INFORMATION:**

1. Licensed Fire Protection Contractor: \_\_\_\_\_

2. Licensed Physical Business Address: \_\_\_\_\_

\_\_\_\_\_

City	County	State	Zip Code
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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: \_\_\_\_\_