APPLICATION FOR FIRE PROTECTION SYSTEM CONTRACTOR
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION

Mail application 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 fees submitted. Please type or print in ink. All signatures must be notarized. A separate application is required for each licensed requested.

Section 1  TYPE OF LICENSE REQUESTED:

☐ Fire Protection System Contractor I  Type 07 Class 10  Fee: $300
☐ Fire Protection System Contractor II  Type 07 Class 12  Fee: $300
☐ Fire Protection System Contractor III  Type 07 Class 13  Fee: $300
☐ Fire Protection System Contractor IV  Type 07 Class 14  Fee: $300
☐ Fire Protection System Contractor V  Type 09 Class 14  Fee: $300
☐ Examination Filing Fee  Type 09 Class 00  Fee: $100

Total Fees Submitted: $   

Section 2  BUSINESS INFORMATION:

1. Name of Business: ________________________________________________________________

2. Physical Address of Business:

___________________________________________________________________________
Number  Street

City  County  State  Zip Code

3. Mailing Address of Business: _________________________________________________________

4. Telephone Number of Business: _______________________________________________________

5. Fax Number: ________________________________

6. E-mail Address (if available): _______________________________________________________

7. Owner/Manager of Business: ________________________________________________________

__________________________________________

If partnership, list partners:

__________________________________________

If legal entity, list members:

__________________________________________

If a Fictitious Name is used attach evidence of compliance with the Secretary of State’s requirements under the Fictitious Name Act.

DFS-K3-23 Effective 09/09/2013
Section 3  CONTRACTOR APPLICANT:

1. Applicant Name: ____________________________________________
   Last    First            Middle

2. Home Address: ____________________________________________
   Number       Street
   City          County        State        Zip Code

3. Date of Birth: ________________________ Telephone Number: ________________________

I, ________________________________________, have applied for a Fire Protection Contractor License with the Florida Department of Financial Services, Bureau of Fire Prevention, 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 Name: __________________________________________________

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 certify as an officer of the firm that the Fire Protection Contractor applicant named above is legally qualified to act for the business organization in all matters connected with its business and that he/she will supervise all activities undertaken by such business organization. Attach evidence of the applicant’s legal qualifications to act on behalf of the business organization.

Signature of Firm Officer: ________________________________________
Print Name of Firm Officer: ________________________________________
Title of Firm Officer: ____________________________________________

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

DFS-K3-23 Effective 09/09/2013
Section 4     AFFIDAVIT OF EXPERIENCE:

Applicants for Fire Protection System Contractor must have four years of verifiable, lawfully gained experience as provided in Section 633.318, Florida Statutes, and Florida Administrative Code 69A-46.

The applicant is responsible to submit evidence of all experience and education in compliance with Florida Administrative Code 69A-46.010.

Please provide in detail the information requested below

1. Date of Employment: From __/____ to __/____ Total Years/Months: ____ / ____
   Name of Company/Firm: ____________________________________________
   Address: __________________________________________________________
   Telephone Number: ____________________________
   Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   Name, title and telephone number of certified fire protection system contractor who supervised the above described duties: __________________________

2. Date of Employment: From __/____ to __/____ Total Years/Months: ____ / ____
   Name of Company/Firm: ____________________________________________
   Address: __________________________________________________________
   Telephone Number: ____________________________
   Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   Name, title and telephone number of certified fire protection system contractor who supervised the above described duties: __________________________

3. Date of Employment: From __/____ to __/____ Total Years/Months: ____ / ____
   Name of Company/Firm: ____________________________________________
   Address: __________________________________________________________
   Telephone Number: ____________________________
   Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   Name, title and telephone number of certified fire protection system contractor who supervised the above described duties: __________________________

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4. Date of Employment: From __/__ to __/__  
   Total Years/Months: ___ / _____  

Name of Company/Firm: ____________________________________________________________  
Address: __________________________________________________ Telephone Number: __________

Exact duties which relate to the license sought and percentage of time devoted to these duties (be specific):

__________________________________________________________________________
__________________________________________________________________________

Name, title and telephone number of certified fire protection system contractor who supervised the above described duties:

__________________________________________________________________________

Attach written documentation of verification from each employing contractor.

Total Years: ____________  Months: ____________