



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

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:

- | | | | |
|--------------------------|-------------------------------|------------------|------------|
| <input type="checkbox"/> | Class A Fire Equipment Dealer | Type 07 Class 01 | Fee: \$250 |
| <input type="checkbox"/> | Class B Fire Equipment Dealer | Type 07 Class 02 | Fee: \$150 |
| <input type="checkbox"/> | Class C Fire Equipment Dealer | Type 07 Class 03 | Fee: \$150 |
| <input type="checkbox"/> | 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.

Section 3 LICENSE QUALIFIER APPLICANT:

1. Applicant Name: _____

2. Home Address: _____

City County State 00000
Zip Code

3. Date of Birth: _____

4. Have you ever been convicted of or pled nolo contendere 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 _____ 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 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 _____ 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

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: _____ / _____
Month Year Month Year

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: _____ / _____
Month Year Month Year

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: _____ / _____
Month Year Month Year

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: _____ / _____
Month Year Month Year

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.