



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

**2008 APPLICATION FOR WATER BASED
FIRE PROTECTION SPRINKLER
CONTRACTOR LICENSE**

Seventh Floor, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334
(404) 656-2056 or (404) 656-4031
www.inscomm.state.ga.us

Check One: Original Application _____ Renewal Application _____ Change Application _____

Enclose a non-refundable fifty dollar (\$50.00) company check or money order made payable to the State Fire Marshal's Office (personal checks are not acceptable) and an additional non-refundable fifty dollars (\$50.00) if this is an original application. In addition, enclose a current Insurance Certificate indicating appropriate coverage, expiration date of insurance, the name of the Insurance Company providing coverage for a minimum one million dollars (\$1,000,000.00) - property and personal injury liability insurance which is authorized to do business in Georgia, and all supporting affidavits which are required when submitting this form. In addition submit a list of all certificates of competency holder's names seeking certificates of competency for this company. In compliance with O.C.G.A. Chapter 25-11, I hereby request the Company stated below be issued a Sprinkler Contractor License, or renewal, by the Georgia Safety Fire Commissioner. The Company is currently engaged in or intends to engage in one or all of the following: The design, installation, repair, alteration, addition, maintenance, inspection of water based fire protection systems.

Name of Officer of Business:			Title			Name of Business					
Email Address			Georgia Tax Withholding I.D. No.								
Home Address			Physical Street Address (No Post Office Box)								
City		State		Zip Code		City		State		Zip Code	
Social Security No.			Telephone No.			Mailing Address					
Business Telephone No.		Fax No.		City		State		Zip Code			

I swear or affirm to the best of my knowledge and belief, that the statements contained herein in this application are true and complete and are subject to verification.

I, _____
Applicant's Signature

Sworn before me this: _____ day of _____ 20____

Notary Public Signature Seal