



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

**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:**

- |                          |                                       |                  |            |
|--------------------------|---------------------------------------|------------------|------------|
| <input type="checkbox"/> | Fire Protection System Contractor I   | Type 07 Class 10 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor II  | Type 07 Class 12 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor III | Type 07 Class 13 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor IV  | Type 07 Class 14 | Fee: \$300 |
| <input type="checkbox"/> | Fire Protection System Contractor V   | Type 09 Class 14 | Fee: \$300 |
| <input type="checkbox"/> | 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.

**Section 3 CONTRACTOR APPLICANT:**

1. Applicant Name: \_\_\_\_\_  
Last First Middle
2. Home Address: \_\_\_\_\_  
Number Street
3. Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
City County State Zip Code

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

**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: \_\_\_\_ / \_\_\_\_  
Month Year Month Year

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):

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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: \_\_\_\_ / \_\_\_\_  
Month Year Month Year

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):

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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: \_\_\_\_ / \_\_\_\_  
Month Year Month Year

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):

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

4. Date of Employment: From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Total Years/Months: \_\_\_\_ / \_\_\_\_  
Month Year Month Year

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):

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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: \_\_\_\_\_