



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

**APPLICATION FOR FIRE EQUIPMENT PERMIT  
 BUREAU OF FIRE PREVENTION  
 REGULATORY LICENSING SECTION**

**PRORATED FEES**

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:**

- Portable Permit Type 09 Class 01 Fee: \$45
- Pre-engineered Permit Type 09 Class 04 Fee: \$60

Fee Submitted: \_\_\_\_\_

**Section 2 APPLICANT INFORMATION:**

1. Name of Applicant: \_\_\_\_\_
2. Physical Home Address: \_\_\_\_\_  
 \_\_\_\_\_  

City	County	State	Zip Code
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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 Licensed Fire Equipment Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Name of Supervising Fire Equipment Dealer: \_\_\_\_\_

**Section 3 EMPLOYER INFORMATION:**

1. Licensed Fire Equipment Dealer Business Name: \_\_\_\_\_
2. Licensed Physical Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City County State Zip Code
3. Mailing Address: \_\_\_\_\_
4. Fire Equipment Dealer License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Class \_\_\_\_\_
5. License Qualifier: \_\_\_\_\_

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 633.061, Florida Statutes and the provisions of Rule Chapter 69A-21, Florida Administrative Code.

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, License Qualifier: \_\_\_\_\_ 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 License Qualifier: \_\_\_\_\_

Print Name: \_\_\_\_\_

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