



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

**APPLICATION FOR FIRE EQUIPMENT DEALER LICENSE**  
**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 license requested.

**Section 1 TYPE OF LICENSE REQUESTED:**

- |                          |                               |                  |            |
|--------------------------|-------------------------------|------------------|------------|
| <input type="checkbox"/> | Class A Fire Equipment Dealer | Type 07 Class 01 | Fee: \$125 |
| <input type="checkbox"/> | Class B Fire Equipment Dealer | Type 07 Class 02 | Fee: \$ 75 |
| <input type="checkbox"/> | Class C Fire Equipment Dealer | Type 07 Class 03 | Fee: \$ 75 |
| <input type="checkbox"/> | Class D Fire Equipment Dealer | Type 07 Class 04 | Fee: \$125 |

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: http://www. \_\_\_\_\_
  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: \_\_\_\_\_

Name of Supervising Fire Equipment Dealer: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.

2. 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: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.

3. 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: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.

4. 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: \_\_\_\_\_

Attach a copy of permit held, if available, and provide written verification of experience in compliance with Section 633.061, Florida Statutes.