OFFICE OF
INSURANCE AND SAFETY FIRE COMMISSIONER

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

2009 APPLICATION FOR WATER-BASED FIRE PROTECTION SYSTEM DESIGNER 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, provide a copy of your N.I.C.E.T Level II Sprinkler Layout Certification or **Professional Engineering License** along with **a resume** of your work experience including dates of employment **directly** related to the *design* of water-based fire protection systems. Furthermore, state your knowledge and experience of the design process. **Include any education and /or certifications that are directly related to the design of water-based fire protection systems. Submit this information on an attached, but separate sheet of paper, along with this application.** In compliance with O.C.G.A. Chapter 25-11, I hereby request I be issued a Fire Protection System Designer License or have my Fire Protection System Designer License renewed by the Georgia Safety Fire Commissioner.

Under Georgia law, the Department is required to verify the lawful presence of individuals to whom it issues professional licenses and permits. To comply with the law, our applications ask the appropriate questions concerning citizenship and alien status. If the applicant is a "qualified alien," the applicant must submit documentation to prove the applicant's qualified alien status. All information submitted will be verified by our office.

_____I am a U.S. Citizen.

_____I am a Corporation.

_____ I am not a U.S. Citizen but am a qualified alien under the Federal Immigration & Naturalization Act, and I am lawfully present in the United States. (Please note last page of application for Qualified Documentation Information Form)

Name of Applicant	Social Security No.
N.I.C.E.T # Or P.E.# Expiration Date:	Name of Business (if Applicable)
Email Address	Physical Address
Home Address	City State Zip Code
City State Zip Code	Mailing Address
Business Telephone No. Fax No.	City State Zip Code

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

I, _____
Applicant's Signature

Sworn before me this _____day of _____ 20_____.

_____
Notary Public - Signature Seal

The Rules & Regulations for Enforcement of the Fire Sprinkler Act can be viewed and downloaded at the Commissioner of Insurance and Fire Safety's website: www.gainsurance.org. Select Fire Marshal and click Fire Marshal Rules, 120-3-19.