



# 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 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.

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 to be included with application)

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

\_\_\_\_\_  
Title

Sworn before me this: \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
Notary Public Signature Seal