



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

**2009 CERTIFICATION OF EMPLOYER  
WATER BASED FIRE PROTECTION  
INSPECTOR LICENSE**

Seventh Floor, West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334  
(404) 656-2056 or (404) 656-4031  
www.gainsurance.org

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)

This is to certify that \_\_\_\_\_ is presently  
(Name of Applicant)  
employed by \_\_\_\_\_  
(Name of Company)

In the capacity of **INSPECTOR** and has **passed the N.I.C.E.T. exam for inspection and testing** of water based fire protection systems and is authorized to act for the business in all matters pertaining to the inspection and testing of water based fire protection systems in the State of Georgia. I understand any information provided on this form or the attached application is subject to verification and is true and complete.

I \_\_\_\_\_, being the \_\_\_\_\_  
(Employer's Printed Full Name) (Title)

Of \_\_\_\_\_ located: \_\_\_\_\_  
(Name of Business) (Physical Address of Business)

Swear or affirm to the best of my knowledge and belief, that the statements contained in this application are true and complete and are subject to verification.

\_\_\_\_\_ sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Signature of Employer

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

The Rules & Regulations for the Enforcement of the Fire Sprinkler Act can be viewed at the Commissioner of Insurance and Fire Safety's website: [www.gainsurance.org](http://www.gainsurance.org). Select Fire Marshal and then Fire Marshal Rules and download 120-3-19.