



SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

John W. Oxendine, Commissioner

2 Martin Luther King Jr., Dr., Suite 620, West Tower, Atlanta, GA 30334

Phone: 404-656-2064



ENGINEERING

GID-222A-SF JUL09

www.gainsurance.org

CERTIFICATE OF COMPETENCY WATER BASED FIRE PROTECTION SYSTEMS APPLICATION

Original Application	<input type="checkbox"/>	\$100.00 Application Fee & \$50.00 Filing Fee	Change Application	<input type="checkbox"/>
Application Year				

Enclose a non-refundable one hundred dollar (\$100.00) 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) 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. Please include a copy of your current N.I.C.E.T Certification with this application. This license is nontransferable from company to company or person to person. In compliance with O.C.G.A. Title 25 Chapter 11, I hereby request I be issued a Certificate of Competency by the Georgia Safety Fire Commissioner. I intend to engage in one or all of the following: The design, installation, repair, alteration, addition, maintenance, and inspection of water based fire protection systems. I agree to notify the commissioner, in writing, within thirty (30) days of any change in my office location or employment status as required by law. I understand that any information provided on this application may be verified.

Applicant									
Name of Applicant							SSN		
Home Address				Email Address					
City		State		Zip		Phone		Fax No.	
N.I.C.E.T No.				Expiration Date					

Company										
Name of Company					Email Address					
Physical Address					Mailing Address					
City		State		Zip		City		State		Zip
Business Phone					Business Fax No.					

I swear or affirm to the best of my knowledge and belief herein in this Application is true and complete and is subject to verification.

Applicant's Signature	Printed Name
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NOTARY	Sworn to and Subscribed before Me this _____ day of _____, _____.	(Seal)
	_____ (Notary Public) _____ (My Commission Expires)	



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CERTIFICATE OF EMPLOYER WATER BASED FIRE PROTECTION SPRINKLER CERTIFICATE OF COMPETENCY LICENSE

ENGINEERING

GID-222B-SF JUL09

Business License No. _____

This is to certify that _____ is presently employed
(Name of Applicant)

by _____
(Name of Company)

In the capacity of certificate of competency and who's N.I.C.E.T. certification number is _____ and with the expiration date of _____ is authorized to act for the business in all matters pertaining to the design in accordance with recognized standards as adopted by the Commissioner and to perform and supervise the installation, repair, alteration, addition and the Maintenance or inspection of water-based fire protection systems. I understand any Information provided on this form or the attached application is subject to verification and is true and complete.

I, _____ with
(Name of Company Official/Manager) (Title)

_____ do hereby
(Name of Business)

I swear or affirm to the best of my knowledge and belief herein in this Application is true and complete and is subject to verification.

Signature of Employer

Signature of Applicant

NOTARY

Sworn to and Subscribed before Me this _____ day of _____, _____.

(Notary Public)

(My Commission Expires)

(Seal)