# SAFETY FIRE COMMISSIONER

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


**Ralph T. Hudgens, Commissioner**

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

Phone: 404-656-2064

www.oci.ga.gov


## APPLICATION FOR WATER-BASED FIRE PROTECTION SYSTEM DESIGNER LICENSE

ENGINEERING

GID-223-SF MAY10

| Original Application | ☐ | $100.00 License Fee & $75.00 Filing | Change Application | ☐ |
|---|---|---|---|---|
| | | Application/License Year | | |

In compliance with O.C.G.A Title 25 Chapter 11, I hereby request to be issued a designers license upon verification of the following:

Enclosed the following with this application:

Fees:

Original application nonrefundable license fee plus filing fee = $100.00 + $75.00=$175.00

Documents:

Copy of company general liability insurance certificate with $1,000,000.00 property & personal injury coverage
Current resume
Current copy of NICET certificate showing level and expiration date or current PE certificate.

**ADDRESS TO REMIT BY MAIL:**

**Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136**

ADDRESS TO REMIT BY COURIER:

Wachovia Bank, Georgia Dept. of Insurance- Fire Safety Division, Lockbox 935136, 3585 Atlanta Ave, Hapeville, GA 30354

I intend to engage in the design of water based fire protection systems.

| **Applicant** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of Applicant | | | | | | | | SSN | | | |
| Home Address | | | | | | Email Address | | | | DOB | |
| City | | State | | Zip | | Phone | | | Fax No. | | |
| N.I.C.E.T No. Or P.E. No. | | | | | | Expiration Date | | | | | |

| **Business** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Name of Business (if Applicable) | | | | | | | | | | | |
| 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 |

| **NOTARY** | Sworn to and Subscribed before Me this _____ day of _____, _____.<br><br>_____ (Notary Public) _____ (My Commission Expires) | ( Seal) |
|---|---|---|


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