# 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


ENGINEERING

GID-225-SF MAY10

## APPLICATION FOR WATER BASED FIRE PROTECTION SPRINKLER CONTRACTOR LICENSE

| | | | | | |
|---|---|---|---|---|---|
| Original Application | ☐ | $100.00 License Fee & $75.00 Filing | | Change Application | ☐ |
| Application/License Year | | | | Current License No. | |

In compliance with O.C.G.A Title 25 Chapter 11, I hereby request to be issued a water based fire protection systems sprinkler contractor license based 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 general liability insurance certificate with $1,000,000.00 property & personal injury coverage

List of certificate of competency holders for the company on company letterhead

**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

The Company intends to engage in one or all of the following: design, installation, repair, alteration, addition, maintenance and inspection of water based fire protection systems.

**Applicant**
**ALL FIELD MUST BE COMPLETED**

| | | | | | |
|---|---|---|---|---|---|
| Name of Officer of Business | | | | Title | |
| Home Address | | DOB | | SSN | |
| City | | State | | Zip | |
| Email Address | | | | Phone | |

**Business**
**ALL FIELD MUST BE COMPLETED**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Name of Business | | | | Ga. Tax ID No. or SSN | | | | | |
| Physical Address (No P.O. Box) | | | | 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 Applicaton 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>_____ _____<br>(Notary Public) (My Commission Expires) | **( Seal)** |


This office does not discriminate by race, color, national origin, sex, religion, age or disability in employment, programs o r services. Disabled persons needing this document in another format can conta ct the ADA Coordinator for this office at No. 2 Martin Luther King Jr., Dr., Suite 620, Atlanta, GA 30334 - Phone 404-656-2056.