



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

**2008 APPLICATION FOR WATER
BASED FIRE PROTECTION SPRINKLER
INSPECTOR APPLICATION**

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

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, provide a resume of your work experience, including dates directly related to the inspection of fire protection sprinkler systems. Furthermore, state your knowledge and experience of the inspection process. Include any education and /or certifications i.e. N.I.C.E.T III certification in Inspections & Testing of Sprinkler Systems which is directly related to the inspection & testing of fire protection sprinkler systems. Submit this information on an attached, but separate sheet of paper, along with this application. Include a copy of your current Inspectors License and a copy of your N.I.C.E.T test level met letter (REQUIRED) or N.I.C.E.T certification. In compliance with O.C.G.A. Chapter 25-11, I hereby request I be issued a Sprinkler Systems Inspector License or have my Inspector License renewed by the Georgia Safety Fire Commissioner. I am currently engaged in or intend to engage in one or all of the following: The inspection and testing of water based fire protection systems.

Name of Applicant		Social Security #	
E-mail Address:	N.I.C.E.T Certification.#	Name of Business	
Cell Phone #:	Expiration Date:		
Home Address		Street Address (Physical)	
City,	State,	Zip	City,
			State,
			Zip
Home Telephone #		Mailing Address:	
Business Telephone #	Fax #	City,	State,
			Zip

I swear or affirm to the best of my knowledge and belief the statements contained in this application and the attached resume are true and complete and are subject to verification.

I, _____
Applicant's Signature

Sworn before me this _____ day of _____ 20_____.

Notary Public Seal/ Date

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. Select Fire Marshal then click Fire Marshal Rules 120-3-19.

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