



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

## 2008 FIRE EXTINGUISHER PERMIT APPLICATION

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

### FOR INSTALLATION, INSPECTION, RECHARGE, REPAIR, SERVICE AND TEST OF PORTABLE FIRE EXTINGUISHERS

In compliance with O.C.G.A. Chapter 25-12, I hereby request that I be issued a permit by the Georgia Safety Fire Commissioner. I am currently engaged in or intend to engage in the installation, inspection, recharging, repairing, servicing and testing of portable fire extinguishers. I agree to notify the Safety Fire Commissioner within (30) days of any change in my employment status or information provided in this application. All application fees are non-refundable and payable by company check or money order. No personal checks accepted.

Check One:  Original Application ( \$25 filing fee plus \$25 permit fee)

Renewal Application (\$25)

Amended Permit (\$25)

Full Name of Applicant: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
County Home Phone # Social Security # Date of Birth

Currently employed by: \_\_\_\_\_  
Fire Equipment Dealer Company's Name

Business Address: \_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
County Business Phone # Business e-mail address

Business Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

If the applicant has previously possessed a permit, provide the following information:

Company Previously Employed By: \_\_\_\_\_

\_\_\_\_\_  
Permit Number State

**2008 PORTABLE FIRE EXTINGUISHER PERMIT APPLICATION**

I, \_\_\_\_\_, hereby apply for a permit for  
Employer Name Title

\_\_\_\_\_ to perform the following specified work:  
Employee Name

\_\_\_\_\_ **Portable Fire Extinguishers**

\_\_\_\_\_ Installation

\_\_\_\_\_ Inspection

\_\_\_\_\_ Alteration, Repair, Service, Maintenance, Test

\_\_\_\_\_ Hydrostatic Testing:

\_\_\_\_\_ Non-DOT Specification Cylinders

\_\_\_\_\_ Low Pressure DOT Specification Cylinders

DOT Re-testers Identification number (RIN) # \_\_\_\_\_

**Enclose a copy of DOT approval letter required for DOT specification cylinders.**

\_\_\_\_\_ High Pressure DOT Specification Cylinders

DOT Re-testers Identification number (RIN) # \_\_\_\_\_

**Enclose a copy of DOT approval letter required for DOT specification cylinders**

If the applicant is requesting a permit to re-test DOT Specification Cylinders, the applicant must submit and enclose a copy of approval letter from a DOT recognized re-qualification training firm. ***(certificate required)***

I, \_\_\_\_\_, swear and affirm that to the best of my knowledge and belief, the statements contained in this application and any attachments are true and subject to verification.

Sworn before me this \_\_\_\_\_ day

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print) Owner/Corporate Officer

\_\_\_\_\_  
Date



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## CERTIFICATION OF EMPLOYER (Portable Extinguishers)

This is to certify that \_\_\_\_\_  
Applicant

is presently employed by \_\_\_\_\_  
(Business) (License #)

in the capacity of \_\_\_\_\_ and  
(Title)

meets the necessary testing requirements set forth in rules and regulations 120-3-23-.03 (6) (f) of the Georgia Safety Fire Commissioner's test for portable extinguishers.

If for any reason the applicant terminates employment with the business, we, the undersigned, do understand that the Office of the Georgia Safety Fire Commissioner is to be notified within thirty (30) days. I agree that any information contained in this application may be verified.

I, \_\_\_\_\_, being the \_\_\_\_\_  
(Employer) (Title)

of \_\_\_\_\_  
(Name of Business)

swear and affirm that to the best of my knowledge and behalf, the statements contained in this application are true and complete.

Sworn before me this \_\_\_\_\_ day \_\_\_\_\_  
(Employer)

of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public