OFFICE OF
INSURANCE AND SAFETY FIRE COMMISSIONER

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

2008 PRE-ENGINEERED INDUSTRIAL 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 PRE-ENGINEERED INDUSTRIAL FIRE SUPPRESSION SYSTEM

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 pre-engineered industrial fire suppression systems.

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 + 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 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 PRE-ENGINEERED INDUSTRIAL FIRE SUPPRESSION SYSTEM

I, _____ , hereby apply for a permit for
Employer Name Title

_____ to perform the following specified work:
Employee Name

_____ **Pre-Engineered Fire Protection Systems**
(NICET Level II Special Hazard Systems proof of successful completion **required** or manufacturer/factory certification **required**)
The firm/corporation must meet all license qualifications before submitting any application(s) for permit(s).

_____ Dry Chemical
_____ Wet Agent
_____ 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)***

___ Manufacturer and System Identification
(manufacturer / factory certification required from each system manufacturer)

Check below the systems applicant is applying to install and/or service.

___ AFEX, Off Road, Dry Chemical
___ Amerex, Off Road, Dry Chemical
___ Ansul, Index, Dry Chemical
___ Ansul, Off Road, Dry Chemical
___ Badger, Industrial, Dry Chemical
___ Kidde, Industrial, Dry Chemical
___ Pemall, Industrial, Dry Chemical
___ PyroChem, Monarch, Dry Chemical
___ PyroChem, Gas Station System
___ Other, _____

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

of _____ 20 _____

_____ Applicant Signature _____ Date

_____ Notary Public

_____ (Print) Owner/Corporate Officer _____ Date

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CERTIFICATION OF EMPLOYER
FOR PERMIT APPLICATION
(Pre-Engineered Systems)

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.

_____Notarized certification from the manufacturer of the pre-engineered fire suppression system denoting the specific system and areas in which the applicant has successfully been trained and certified or completion of the NICET Level II special hazards examination for kitchen/ restaurant hood systems and pre-engineered fire suppression systems.

_____Completion of the NICET Level II special hazards; examination for engineered fire suppression systems.

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.

_____
Employer

Sworn before me this _____ day

of _____ 20 _____

_____
Notary Public