OFFICE OF
INSURANCE AND SAFETY FIRE COMMISSIONER

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

2008 PRE-ENGINEERED KITCHEN
LICENSE 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 AND SERVICE OF PRE-ENGINEERED KITCHEN FIRE SUPPRESSION SYSTEM

In compliance with O.C.G.A. Chapter 25-12, I hereby request that I be issued a license 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 kitchen fire suppression systems. I agree to notify the Safety Fire Commissioner within (30) days of any change in information concerning my business 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 ($50 filing fee plus $50 License fee) (complete all pages)

___ Renewal Application ($50) (complete page 1 & 2 only and provide current proof of Insurance certificate)

License Number:_____ E-mail Address: _____

Name of Firm /Corporation: _____

Corporation Address: _____
Street City State Zip Code

Corporation Telephone Number: _____

Name of Individual Requesting License: _____
Last First Middle

Title of Individual Requesting License: _____

If Corporation, List Corporate Officers: _____

Articles of Incorporation Control Number: _____ Effective Date: _____

If Partnership, List Partners: _____

Business Address (Physical): _____
Street Address City

_____
State Zip Code County Business fax

Owner/Manager: _____ Phone #: _____

_____ has successfully completed the NICET Level III, Special Hazards
(Employee Name)

Examination or received current manufacturer's certificates from the attached. ***(Copies of Certificates req.)***

2008 PRE-ENGINEERED KITCHEN FIRE SUPPRESSION SYSTEM

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

_____ to perform the following specified work:

___ **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, Wet Chemical
___ Amerex, Off Road, Wet Chemical
___ Ansul, Index, Wet Chemical
___ Ansul, Off Road, Wet Chemical
___ Badger, Industrial, Wet Chemical
___ Kidde, Industrial, Wet Chemical
___ Pemall, Industrial, Wet Chemical
___ PyroChem, Monarch, Wet 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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Authorized Verification Form

2008 PRE-ENGINEERED KITCHEN FIRE SUPPRESSION SYSTEM

I, _____ _____ , do hereby certify
Print Full Name — Title / Position

that _____
Company Name

is a valid registered corporation with the Secretary of State Corporation Division of the State of Georgia.

I fully understand that upon inspection of my facility, I will be required to provide verification that the person fully stated as having successfully completed the NICET Level III, Special Hazards examination and/or received 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 for, is an employee of this company, which intends to install, inspect, recharge, repair, or service pre-engineered kitchen fire suppression systems. Furthermore, the information on this application is correct, true and subject to verification. I authorize any agent or employee of the Office of Insurance & Safety Fire Commissioner to conduct a background investigation concerning any information given.

Furthermore, I understand that the violation of any provision of Chapter 12 of Title 25 of the Official Code of Georgia, or any rule or regulation adopted and promulgated pursuant thereto by any person who possesses a license or permit, is cause for revocation or suspension of such license or permit by the Commissioner.

_____ _____ _____
(Print) Applicant Name — Title — Applicant Signature — Date

Sworn before me this _____ day

of _____ 20 _____

_____ (Print) Owner/Corporate Officer — Date

_____ _____ _____
Notary Public — (Sign) Owner/Corporate Officer — Date

2008 PRE-ENGINEERED KITCHEN FIRE SUPPRESSION SYSTEM

In pursuant with the Official Code of Georgia, and Chapter 120-3-23 this application shall be accompanied with the following documents:

1. Proof of a valid comprehensive liability insurance policy in the minimum amount of $1 million purchased from an insurer authorized to do business in Georgia. The coverage must include bodily injury and property damage, product liability, completed operations, and contractual liability.

2. A copy of notification from the National Institute of Certification in Engineering Technologies (NICET) denoting an employee of this company has successfully completed Level III, Engineering Technician, Special Hazards examination, when the company is to engage in the installation, inspecting, recharging, repairing, servicing and testing, of Pre-Engineered Kitchen Fire Suppression Systems.

3. A copy of the Articles of Incorporation documents issued by the Secretary of State Corporation Division.

4. A copy of DOT approvals and renewals if the applicant engages in hydrostatic testing of low pressure DOT specification type cylinders and/or high pressure DOT specification type cylinders for extinguishers.

I certify that the requested documents required, in pursuant of Chapter 12 of Title 25 of the Official Code of Georgia, and Chapter 120-3-23 entitled: Rules and Regulations for Installation, Inspection, Recharging, Repairing, Servicing and Testing of Portable Fire Extinguishers or Fire Suppression Systems, have been provided.
I understand that the violation of any provision of Chapter 12 of Title 25 of the Official Code of Georgia, or any rule or regulation adopted and promulgated pursuant thereto, by any person who possesses a license or permit is cause for revocation or suspension of such license or permit by the Commissioner. I fully understand the contents of the application. I certify that the person, denoted as having successfully completed the NICET Level III, Special Hazards examination and/or has a notarized certification from the manufacturer of the Pre-Engineered Kitchen Fire Suppression System (denoting the specific system and areas in which the applicant has successfully been trained and certified for) is an employee of this company. Furthermore, the information on this application and any attachments are correct, true and subject to verification. I authorize any agent or employee of the Office of Insurance & Safety Fire Commissioner to conduct a background investigation concerning any information given.

(Print) Applicant Name Title	Applicant Signature	Date
Sworn before me this _____ day	(Print) Owner/Corporate Officer	Date
of _____ 20 _____		
Notary Public	(Sign) Owner/Corporate Officer	Date