



# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

## 2008 PROVISIONAL 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

Rules and Regulations 120-3-23.03(g) To provide for a training program, an individual may submit an application for a provisional permit. In addition, to complying to other provisions of this Chapter as designated by the Commissioner, the application and subsequent permit shall clearly note the individual as a trainee. A trainee shall not install, inspect, recharge, repair, service or test fire suppression systems or portable fire extinguishers without the direct and immediate supervision of a person whom is authorized by the Commissioner to install, 8 inspect, recharge, repair, service or test fire suppression systems or portable fire extinguishers.

### Provisional Application ( \$25 filing fee plus \$25 permit fee)

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

A trainee (provisional) shall not install, inspect, recharge, repair, service or test fire suppression systems or portable fire extinguishers without the direct and immediate supervision of current permit holder's

name \_\_\_\_\_ Permit # \_\_\_\_\_  
PRINT

Competency Holder's Permit Number: \_\_\_\_\_  
Signature

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

**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