



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

CERTIFICATION OF EMPLOYER FOR PERMIT APPLICATION (Engineered Systems)

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

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 by successfully completing the NICET Level II special hazards examination for for engineered fire suppression systems.

_____ Current certification from the manufacturer of the engineered special hazard fire suppression system denoting the specific sSrstenl and areas in which the applicant has been successfully trained and certified.

_____ Notification fro111 the National Institute for Certification in Engineering Technologies (NICET) denoting certification at or above Level 111 in Special Hazards Suppression Systems.

_____ Current certification or testing by other nationally recognized organizations as deemed appropriate and acceptable by the Commissioner.

Notification from the National Institute of Certification in Engineering Technologies

_____ (NICET) denoting the successful completion of Level 11, Technician certification exam requirements for Special Hazards Suppression Systems and has maintained current permit for the past five years.

Proof of completion and or certified certificate shall be attached.

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