



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

**2008 APPLICATION
WATER BASED FIRE PROTECTION SYSTEMS
CERTIFICATE OF COMPETENCY**

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

Check One: Original Application _____ Renewal Application _____ Change Application _____

Enclose a non-refundable one hundred dollar (\$100.00) company check or money order made payable to the State Fire Marshal's Office (personal checks are not acceptable) and an additional non-refundable fifty dollars (\$50.00) if this is an original application. In addition, enclose a current Insurance Certificate indicating appropriate coverage, expiration date of insurance, the name of the Insurance Company providing coverage for a minimum one million dollars (\$1,000,000.00) – property and personal injury liability insurance which is authorized to do business in Georgia, and all supporting affidavits which are required when submitting this form. Please include a copy of your current N.I.C.E.T Certification when submitting this application.

This license is nontransferable from company to company or person to person.

In compliance with O.C.G.A. Chapter 25-11, I hereby request I be issued a Certificate of Competency or have my Certificate of Competency renewed by the Georgia Safety Fire Commissioner. I am currently engaged or intend to engage in one or all of the following: *The design, installation, repair, alteration, addition, maintenance, and inspection of water based fire protection systems.* I agree to notify the commissioner, in writing, within thirty (30) days of any change in my office location or employment status as required by law. I understand that any information provided on this application may be verified.

Name of Applicant	Social Security No.	Name of Company		
Email Address	Telephone No.	Physical Address		
N.I.C.E.T No.	Expiration Date	City	State	Zip Code
Home Address		Mailing Address: (if same as above mark same)		
City	State	Zip Code	City	State Zip Code
Business Telephone No.	Fax No.	Business Email Address		

I swear or affirm to the best of my knowledge and belief herein in this Application is true and complete and is subject to verification.

I, _____
Applicant's Signature

Sworn before me this: _____ day of _____ 20_____

Notary Public Signature

Seal

The Rules & Regulations for Enforcement of the Fire Sprinkler Act can be viewed and downloaded at the Commissioner of Insurance and Fire Safety's website: www.gainsurance.org. Then select Fire Marshal, then Fire Marshal Rules. Download 120-3-19.