



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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

**2009 CERTIFICATION OF EMPLOYER
FIRE PROTECTION SPRINKLER SYSTEMS
DESIGNER LICENSE**

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

Under Georgia law, the Department is required to verify the lawful presence of individuals to whom it issues professional licenses and permits. To comply with the law, our applications ask the appropriate questions concerning citizenship and alien status. If the applicant is a "qualified alien," the applicant must submit documentation to prove the applicant's qualified alien status. A list of forms which are sufficient proof of qualified alien status is provided with this memo and your renewal packet, and can also be found on our website under Fire Marshal at www.gainsurance.org for the 2009 applications.

_____ I am a U.S. Citizen.

_____ I am a Corporation.

_____ I am not a U.S. Citizen but am a qualified alien under the Federal Immigration & Naturalization Act, and I am lawfully present in the United States. (Please note last page of application for Qualified Documentation Information Form to be included with application)

This is to certify that _____ is presently
(Name of Applicant)

employed by _____
(Name of Company)

In the capacity of **DESIGNER** and who's N.I.C.E.T. or P.E. certification number is _____

with expiration date of _____ and is authorized to act for the business in all matters pertaining to the design of water based fire protection systems in the State of Georgia. **"Fire protection system designer license"** means a document issued by the Commissioner which authorizes the fire protection system designer to engage in the business of producing construction shop drawings, construction documents and/or documents for construction pertaining to water-based fire protection systems in accordance with 120-3-19.08. I understand any information provided on this form or the attached application is subject to verification and is true and complete.

I, being the

(Employer's Printed Full Name) (Title)

Of _____
(Name of Business)

I swear or affirm to the best of my knowledge and belief that the statements contained in this application are true and complete and are subject to verification.

(Employer's Signature)

Sworn before me this _____ day of _____ 20____

Signature Notary Public 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. Select Fire Marshal and then select Fire Marshal Rules. Download Rules 120-3-19.