

**STATE OF SOUTH CAROLINA
SC DEPARTMENT OF LABOR, LICENSING AND REGULATION
DIVISION OF FIRE & LIFE SAFETY
OFFICE OF STATE FIRE MARSHAL
141 MONTICELLO TRAIL
COLUMBIA, SC 29203
OFFICE: (803)896-9800 FAX: (803)896-9806**

FIRE EQUIPMENT DEALER LICENSE APPLICATION

NEW _____ RENEWAL _____ LICENSE CLASS _____

Federal Tax I.D. # _____

\$200 per company \$50 per employee

FILL OUT THIS FORM COMPLETELY. PLEASE TYPE OR PRINT.

1. Name of Firm _____
2. Business Address _____
Number/Street City State Zip Code

County Telephone Fax Number
3. Mailing Address _____
(If different) Number/Street City State Zip Code
4. Is this firm incorporated, a partnership or individually owned? Circle one.
5. List corporate officers and/or members of partnership, if applicable.

6. Address of corporate office if different from above:

Number/Street City State Zip Code
7. Name of Insurance Underwriter _____ Amount _____
8. Do you have a High Pressure Hydrostatic Testing Certificate? Yes _____ No _____
(If yes, enclose a copy of DOT certificate.)
9. Do you have a DOT RIN # _____
10. Signature of Applicant _____
11. Title of Applicant _____
12. Date of Application _____

The State Fire Marshal's Office now accepts Visa or MasterCard payments. If paying by credit card, please indicate which card and write card number and expiration date on the line below.

ALL LICENSES EXPIRE ON JANUARY 31ST REGARDLESS OF ISSUE DATE.

A CURRENT COPY OF YOUR CERTIFICATE OF INSURANCE HAS TO BE ON FILE IN THIS OFFICE.

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NEW EMPLOYEE FIRE EQUIPMENT APPLICATION

LAST NAME FIRST M

BUSINESS NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

COUNTY

COUNTY

TELEPHONE NUMBER

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

**DRIVER'S LICENSE NUMBER AND
STATE OF LICENSE**

**CLASS OF PERMIT DESIRED _____
SUBMIT CURRENT COPY OF CERTIFICATE OF TRAINING FOR CLASS "D"**

I certify that I have carefully read and understand the provision of the State Fire Marshal's Regulation, Subarticle 4, Portable Fire Extinguishers and Fixed Fire Extinguishing Systems, Sections 71-8303.1 through 71-8303.18.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

PERMIT AFFIDAVIT

I _____ , an employee of _____ ,
(Applicant's Name) (Company Name)

do hereby declare that I have the ability to obtain the proper manufacturer's installation and maintenance manuals and manufacturer's parts for the _____
(Manufacturers' Makes and Model Numbers)

pre-engineered fire extinguishing system(s), and I will have them in my possession when performing all installations and/or maintenance. I further testify that I will conduct all installations and/or maintenance in complete compliance with the manufacturer's installation and maintenance manuals with the exception of obtaining a manufacturer's training certificate. I understand that any violation of this affidavit will be grounds for the revocation of my Class D fire equipment permit.

/S/ _____
(Applicant)

(Date)

SWORN AND SUBSCRIBED TO BEFORE
ME THIS _____ DAY OF _____
20_____.

NOTARY PUBLIC

My commission expires _____

***CURRENT MANUFACTURER'S TRAINING CERTIFICATES ARE REQUIRED TO BE ON FILE
IN THE STATE FIRE MARSHAL'S OFFICE FOR A CLASS "D" PERMIT.***